Form 330
(Rev. January 2020)
Department of the Treasury

### EXTENDED TO MAY 17, 2021 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047 **2019** Open to Public Inspection

inteore	Car 110 45		itest information.		mopeonen				
AF	or th	e 2019 calendar year, or tax year beginning JUL 1, 2019 and ending	g JUN 30, 2020						
	heck if pplicab	e: C Name of organization	D Employer	identifie	cation number				
	Addre chang	e NORTH PENN LEGAL SERVICES	_						
	_chang	559111							
	return _Final _return	Number and street (or P.O. box if mail is not delivered to street address)         Room/           33 NORTH MAIN STREET         200		e number 9-4100					
	termii		G Gross receipt		6,533,934.				
	]Amer								
	_return ]Appli		H(a) Is this a						
	_tión pendi	IF Name and address of principal officer: Burking G. Schikkk, CFR		ordinates	\$1000083600S				
	9				icluded? Yes No				
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or te: WWW.NORTHPENNLEGAL.ORG	C2815 A2527		list. (see instructions)				
			H(c) Group e						
	orm o	organization: X Corporation Trust Association Other ► L Summary	Year of formation: 2		State of legal domicile: PA				
10		The D. (24	LECAL GERVICES	TC A					
ø	1	Briefly describe the organization's mission or most significant activities: NORTH PENN PROVIDER OF FREE CIVIL LEGAL SERVICES TO RESIDENTS OF A 20 COUNTY		IS A					
Governance									
ern	2	Check this box		1 8.1					
Jov V	3		*****		13				
	4	Number of independent voting members of the governing body (Part VI, line 1b)			13				
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			93				
ivit	6	Total number of volunteers (estimate if necessary)			32				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 39			0.				
			Prior Year		Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)		9,748.	6,525,027.				
ent	9	Program service revenue (Part VIII, line 2g)	8,542.	2,391.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,423.	6,516.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0,	0.					
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,68	2,713.	6,533,934.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0,	0.				
0	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,16	6,898.	5,982,063.				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses		Total fundraising expenses (Part IX, column (D), line 25)							
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,28	0,540.	1,263,269.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,44	7,438.	7,245,332.				
	19	Revenue less expenses. Subtract line 18 from line 12	23	5,275.	-711,398.				
Net Assets or Fund Balances			Beginning of Curre	nt Year	End of Year				
sets	20	Total assets (Part X, line 16)	2,47	2,158.	4,412,385.				
t As	21	Total liabilities (Part X, line 26)	34	2,434.	2,994,059.				
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	2,12	9,724.	1,418,326.				
Pa	nrt II	Signature Block							
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the b	est of my	knowledge and belief, it is				
true,	corre	t, and complete. Declaration of preparer (other then officer) is based on all information of which pre	parer has any knowled	ige.					
		Edward & Schung		12	0505/01/2				
Sigr	ı	Signature of officer	Date						
Her	е	EDWARD G. SCHIRRA, CPA, CHIEF FINANCIAL OFFICER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN				
Paid		Lisa A. Ritter Preparer's signature Bri & Hitter	- 11/12/20	il self-employ	ed ₽00168809				
Prep	arer	Firm's name MAHER DUESSEL, CPA'S	Firm's	s EIN 🕨	25-1622758				
Use	Only	Firm's address 3003 NORTH FRONT STREET, SUITE 101							
HARRISBURG PA 17110 Phone no 717-232-1230									

May the IRS discuss this return with the preparer shown above? (see instructions)
932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2019) NORTH PENN LEGAL SERVICES	23-1659111	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO SOLVE CIVIL LEGAL PROBLEMS AND EMPOWER VULNERABLE POPULATIONS		
	THROUGH PROFESSIONAL LEGAL REPRESENTATION, ADVOCACY, AND EDUCATION.		
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	XNo
	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	XNo
	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 m	easured 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, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$893,000. including grants of \$) (Revenue	\$	)
	NORTH PENN LEGAL SERVICES IS PART OF THE COMMUNITY SOLUTION THAT		
	PROVIDES ESSENTIAL SERVICES FOR LOW-INCOME PEOPLE. REQUESTS FOR OUR		
	FREE CIVIL LEGAL SERVICES DURING THE LAST YEAR RESULTED IN HANDLING		
	MORE THAN 9,111 CASES. IN 20 COUNTIES, OVER 325,000 PEOPLE ARE ELIGIBLE		
	FOR THE SERVICES OF NORTH PENN LEGAL SERVICES. WE PROVIDED CIVIL LEGAL		
	AID TO 1,814 OF THOSE PEOPLE THROUGH COURT AND ADMINISTRATIVE HEARINGS,		
	ENHANCING CLIENTS' ECONOMIC SECURITY BY OBTAINING AWARDS OF JUST OVER		
	\$2.5 MILLION AWARDED TO OR DEBT AVOIDED FOR OUR CLIENTS, PRIMARILY IN		
	CONSUMER CASES AND PROVIDING ACCESS TO PUBLIC BENEFITS. IN AN ATTEMPT		
	TO REACH THE 8,768 ELIGIBLE APPLICANTS WE WERE OTHERWISE UNABLE TO		
	SERVE, WE DEVELOPED SELF-HELP MATERIALS, DISTRIBUTED 4,469		
	INFORMATIONAL PAMPHLETS AND CONDUCTED OUTREACH EVENTS TO 2,209 PEOPLE.		
4b	(Code:) (Expenses \$1,973,200. including grants of \$) (Revenue AS A REGIONAL PROVIDER OF CIVIL LEGAL AID FOR MORE THAN 50 YEARS, NORTH	\$	)
	PENN LEGAL SERVICES HAS BEEN ENSURING THAT LOW-INCOME PEOPLE IN		
	NORTHEAST PA HAVE ACCESS TO JUSTICE AND THE SAME LEGAL RIGHTS AND		
	PROTECTIONS THAT THOSE WHO HAVE MEANS CAN AFFORD ON THEIR OWN. NORTH		
	PENN LEGAL SERVICES STAFF PROVIDE CRITICAL ADVOCACY THROUGH		
	REPRESENTATION AT HEARINGS, MODERATING DIFFICULT LANDLORD-TENANT		
	RELATIONSHIPS, AND PROVIDING SELF-HELP MATERIALS TO POOR PEOPLE FACING		
	EVICTION, FORECLOSURE, AND LOSS OF FEDERAL HOUSING SUBSIDIES. IN		
	2019-2020 HOUSING CONTINUED TO BE A MAJOR ISSUE FOR CLIENTS. NORTH PENN		
	LEGAL SERVICES STAFF HELPED 4,895 PEOPLE WITH HOUSING ISSUES.		
4c	(Code: ) (Expenses \$ 612,100. including grants of \$ ) (Revenue	\$	)
	LEGAL AID LAWYERS AND PARALEGALS AT NORTH PENN LEGAL SERVICES HAVE BEEN		,
	ESSENTIAL IN PROVIDING FAMILIES WITH SAFETY AND STABILITY WHEN THEY		
	HAVE NOWHERE ELSE TO TURN. IN CASES WHERE INDIVIDUALS AND FAMILIES WERE		
	THREATENED WITH VIOLENCE FROM AN INTIMATE PARTNER, STAFF OBTAINED		
	PROTECTION FROM ABUSE ORDERS IN 663 CASES. IN SITUATIONS WHERE FAMILIES		
	WERE CHALLENGED BY A THREAT TO THE LOSS OF PRIMARY CUSTODY OF A CHILD,		
	OR HAD BEEN DENIED CONTACT WITH A CHILD, STAFF OBTAINED 314 CUSTODY OR		
	VISITATION ORDERS. DURING THIS PAST YEAR OF FUNDING, NPLS HAS		
	EXPERIENCED AN INCREASE IN THE NUMBER OF VOLUNTEER ATTORNEYS,		
	PARALEGALS, AND INTERNS WHO ASSISTED OUR CLIENTS. WE ALSO CONTINUED OUR		
	OUTREACH ACTIVITIES THROUGH SPECIAL PROJECT FUNDING SUCH AS OUR LEHIGH		
	VALLEY FAIR HOUSING PROJECT.		
4d	Other program services (Describe on Schedule O.)		

	e inter program controce (					
	(Expenses \$	2,998,161.	including grants of \$		(Revenue \$	2,391.)
4e	Total program service ex	penses 🕨	6,4	476,461.		

Part IV Checklis	 		
Form 990 (2019)	 	LEGAL	

NORTH PENN LEGAL SERVICES

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete	<u> </u>		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۲		
10		10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		44.	х	
L	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>.</u> _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>.</u> _
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

Form 990 (2019)

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NORTH PENN LEGAL SERVICES

Pa	rt IV	Checklist of Required Schedules (continued)			
				Yes	No
22	Did tl	he organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23		he organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
		ormer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Sche	dule J	23		x
24a		he organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
		lay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		dule K. If "No," go to line 25a	24a		x
b		he organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		he organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any t	ax-exempt bonds?	24c		
d		he organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		action with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b		organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
		he transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		dule L. Part I	25b		x
26		he organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
		mer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		olled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27		he organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
		or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28		the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
		ictions, for applicable filing thresholds, conditions, and exceptions):			
а		rent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes.	" complete Schedule L, Part IV	28a		x
b	A fan	nily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
		% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes.	" complete Schedule L, Part IV	28c		x
29		he organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30		he organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contr	ibutions? If "Yes," complete Schedule M	30		x
31	Did tl	he organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32		he organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
		dule N, Part II	32		x
33	Did th	he organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sectio	ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34		the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
		V, line 1	34		x
35a		he organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	lf "Ye	es" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	withir	n the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		ion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	lf "Ye	s," complete Schedule R, Part V, line 2	36		x
37	Did tl	he organization conduct more than 5% of its activities through an entity that is not a related organization			
	and t	hat is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38		he organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note	: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
				Yes	No
1a	Enter	the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37	'		
b	Enter	the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	2		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	990 (2019) NORTH PENN LEGAL SERVICES 23-165911	1	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 93		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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 authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country			
Ee	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10		
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	ļ	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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 income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form	990 (2019) NORTH PENN LEGAL SERVICES		23-165911			age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a '	No" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	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	13			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other			
	officer, director, trustee, or key employee?			2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
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 ap	point o	one or			
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	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 Internal Re	/enue	Code.)			
					Yes	No
	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 ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
-	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			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				v	
40	in Schedule O how this was done			12c	X X	
13	Did the organization have a written whistleblower policy?			13	X	
14 15	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	lependent			
•	The organization's CEO, Executive Director, or top management official			15a	х	
a b				15a	x	
D	Other officers or key employees of the organization			150		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ont w	th a			
104	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	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 $\blacktriangleright^{PA}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990	T (Section 501(c)(3)	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			.,,		
	Own website Another's website I Upon request Other (explain	on Sc	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	ial	
	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 boo	ks and	I records			
	NORTH PENN LEGAL SERVICES - 570-299-4100					
	33 NORTH MAIN STREET, SUITE 200, PITTSTON, PA 18640					

Form 990 (2		23-1659111	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year end	ling with or within the organization's t	ax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CONSTANCE NELSON, ESQUIRE PRESIDENT	1.00	x		x				0.	0.	0.
(2) D. TONI BYRD, ESQUIRE	1.00									
VICE PRESIDENT		х		x				0.	0.	0.
(3) CLARA SMITH	1.00									
SECRETARY		х		х				0.	0.	0.
(4) JANET CONSER, ESQUIRE	1.00									
DIRECTOR		х						٥.	0.	0.
(5) GARY NEIL ASTEAK, ESQUIRE	1.00									
DIRECTOR		х						٥.	0.	0.
(6) VATHSAL G. RAJAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) STEVEN BOELL, ESQUIRE	1.00									
DIRECTOR		Х						٥.	0.	٥.
(8) JOANMARIE HERCZKU	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JOHN J. MCGOVERN, JR., ESQUIRE	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) ELIZABETH BURTON-NANOVIC, ESQUI	1.00									
DIRECTOR		Х						0.	0.	0.
(11) FRED N. SMITH, ESQUIRE	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MICHAEL VARGO, ESQUIRE	1.00									
DIRECTOR		х						0.	0.	0.
(13) CONSTANCE KOSTELAC	1.00									
DIRECTOR		х						0.	0.	0.
(14) FRANK BOLLOCK	1.00									
DIRECTOR (THRU JUNE 2020)	25.00	Х						0.	0.	0.
(15) EDWARD SCHIRRA, CPA	35.00							96 153	_	10 050
CFO	25 00			Х	-	-		76,153.	0.	18,050.
(16) LORI MOLLOY, ESQUIRE EXECUTIVE DIRECTOR	35.00	-		x				110 100	0.	35 501
EAECOIIVE DIRECTOR				^	-	-		110,189.	0.	35,591.
		•								
								l		

Form 990 (2019) NORTH PENN LE	GAL SERVIC	ES							23-16	5911:	1	P	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box,	not cl unles	ss per	ition more rson is	l than c s both r/trust	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensatio from related	n		<b>(F)</b> stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	compensation from the organization and related organizations		ation ne tion ted
								186,342.		0.		53	,641.
1b Subtotal c Total from continuation sheets to Part VII	, Section A							0.		0.			0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but no compensation from the organization</li> </ul>							o re	,	000 of reportable				1
												Yes	No
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	oyee on	[			
line 1a? If "Yes," complete Schedule J for su											3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4		x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com											5		x
Section B. Independent Contractors													
1 Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y		ensat			
(A) Name and business	address	NO	NE					(B) Description of s	ervices	C		<b>C)</b> Insatio	on
2 Total number of independent contractors (ir	ncludina but na	ot lin	nited	l to 1	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					(			,					

	VIII						to the D and the			Г
		Check if Schedule O	conta	ains a respoi	nse	or note to any line		(B)	(C)	
							<b>(A)</b> Total revenue	(B) Related or exempt	Unrelated	<b>(D)</b> Revenue exclu
							I Utal IEVEI IUE		business revenue	from tax und
<b>—</b>										sections 512 -
and Other Similar Amounts		Federated campaigns								
nou		Membership dues								
An		Fundraising events								
IIar		Related organizations				6 025 010				
		Government grants (cont				6,235,919.				
er	f	All other contributions, gifts,				200 100				
		similar amounts not included				289,108.				
	-	Noncash contributions included in					6 505 008			
a	h	Total. Add lines 1a-1f					6,525,027.			
						Business Code				
	2 a	OTHER				900099	2,391.	2,391.		
e	b									
nue	с									
lev,	d									
Kevenue	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f		<u></u>			2,391.			
	3	Investment income (inclue	ding	dividends, ir	tere	est, and				
		other similar amounts)				► L	6,516.			6,5
	4	Income from investment of	of tax	exempt bor	nd p	roceeds 🕨				
	5	Royalties				►				
		,		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss								
		Gross amount from sales of	″ <u> </u>	(i) Securiti		(ii) Other				
	<i>i</i> u	assets other than inventory	7a	()		(				
	h	Less: cost or other basis	74							
	D		76							
	~	and sales expenses	7b 7c							
		Gain or (loss)		I						
		Net gain or (loss)			<u> </u>					
	σa	Gross income from fundraisi								
		including \$								
		contributions reported on		-						
		Part IV, line 18			<u>8a</u>					
		Less: direct expenses			8b					
		Net income or (loss) from			ts Г	····· ►				
	9 a	Gross income from gamir								
	_	Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		Net income or (loss) from				,▶				
1	0 a	Gross sales of inventory,	less ı	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of inventor	у	▶				
						Business Code				
1 Revenue	1 a									
ŝnu	b				-					
eve	с									
ŕ	d	All other revenue								
		Total. Add lines 11a-11d								
						F	6,533,934.	2,391.		

NORTH PENN LEGAL SERVICES

23-1659111 Page 10

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 (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 206,466, 248,917. 292. trustees, and key employees 42,159. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,763,107. Other salaries and wages 3,507,504. 252,312. 3,291. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 144,152. 127,482. 16,520 150. 1,502,566 1,375,501 125,490 1. 575. Other employee benefits 9 33,968 323,321 289,057 296. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 150,489. 134,579. 15,793. 117. Office expenses 13 Information technology 14 15 Royalties 445,466 398,253. 46,750 463. 16 Occupancy 60,827, 57,087, 3,677 63. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 21,354 19,113, 2,241 Depreciation, depletion, and amortization ..... 22 32,815. 29,337. 3,444 34. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) EQUIPMENT RENTAL AND MA 104,337. 93,280, 10,950 107. а CONNECTIVITY 100,543. 89,886, 10,552. 105. b CONSULTANTS AND CONTRAC 93,067. 88,989, 4,038. 40. С 6,488. LAW LIBRARY UPKEEP 61,827. 55,274. 65. d 192,544. 168,960, 19,328 4,256. All other expenses е 7,245,332, 6,476,461 758,017, 10,854. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

33

	990 (2 <b>t X</b>	2019) NORTH PENN LEGAL SERV	VICES			23-1659111 Pa		
Pa	1			a in this Dart V				
		Check if Schedule O contains a response or note	e to any m		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			400.	1		
	2	Savings and temporary cash investments			1,716,066.	2	3,590,	
	3	Pledges and grants receivable, net			396,407.	3	478,	
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current or						
	J	trustee, key employee, creator or founder, substa		· ·				
		controlled entity or family member of any of thes		5				
	6	Loans and other receivables from other disqualif				J		
	U	under section 4958(f)(1)), and persons described				6		
	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
Ase	9		217,090.	9	222,			
		Land, buildings, and equipment: cost or other	 I I	·····			,	
	100	basis. Complete Part VI of Schedule D	10a	593,122.				
	h	Less: accumulated depreciation		475,916.	138,561.	10c	117,	
	11	Investments - publicly traded securities	, ,	1	11	,		
	12	Investments - other securities. See Part IV, line 1		12				
	13	Investments - program-related. See Part IV, line 1				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			3,634.	15	2,	
	16	Total assets. Add lines 1 through 15 (must equa			2,472,158.	16	4,412,	
	17	Accounts payable and accrued expenses	338,800.	17	309,			
	18	Grants payable				18		
	19	Deferred revenue				19	2,681,	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete F			3,634.	21	2,	
S	22	Loans and other payables to any current or form	er officer,	director,				
litie		trustee, key employee, creator or founder, substa	antial cont	tributor, or 35%				
Liabilities		controlled entity or family member of any of thes	e persons	·		22		
	23	Secured mortgages and notes payable to unrela				23		
	24	Unsecured notes and loans payable to unrelated				24		
	25	Other liabilities (including federal income tax, pay						
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X				
		of Schedule D			240.424	25	0.004	
	26	Total liabilities. Add lines 17 through 25			342,434.	26	2,994,	
Ś		Organizations that follow FASB ASC 958, che	ck here					
nce	07	and complete lines 27, 28, 32, and 33.			1,449,224.	07	1,418,	
ala	27				680,500.	27	1,410,	
ЧB	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 99		28				
Ľ								
ŗ	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds				29		
ets	29 30	Paid-in or capital surplus, or land, building, or eq				30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31		
let.	32	Total net assets or fund balances			2,129,724.	32	1,418,	
2	33	Total liabilities and net assets/fund balances			2 472 158.	33	4 412	

1,418,326. Ο. 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 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 1,418,326. Total net assets or fund balances 2,129,724. 32 2,472,158. 4,412,385. 33 Total liabilities and net assets/fund balances

Form 990 (2019)

400. 3,590,909. 478,802.

222,371.

117,206.

2,697. 4,412,385. 309,889.

2,681,473.

2,994,059.

2,697.

Form	990 (2019) NORTH PENN LEGAL SERVICES	23-165911	1	Pa	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets				2		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	,533,	934.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,	,245,	332.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-711,39		398.		
4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1	,418,	326.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1		
	Act and OMB Circular A-133?		3a	Х	──		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000			

Form **990** (2019)

SCHEDULE A
------------

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047	
2019	

Department of the Treasury Internal Revenue Service				<ul> <li>4947(a)(1) nonexempt charitable trust.</li> <li>► Attach to Form 990 or Form 990-EZ.</li> <li>Open to Put</li> </ul>						
				Go to www.irs.gov	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Nam	e of t	the organization								identification number
Pa	rt I	Reason		PENN LEGAL SERV	All organizations must co	malata th	ia part ) Sa			23-1659111
									5.	
1 ne 0	organ				For lines 1 through 12, c on of churches described			IV A V(i)		
2					Attach Schedule E (Forn			I)(A)(I).		
2					anization described in so			i)		
4			-		njunction with a hospital			-	)(iii). Enter	the hospital's name.
		city, and state								ine neepital e name,
5		<b>,</b>		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		-			nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		· •	-	ntial part of its support fr				ne general j	oublic described in
		-		omplete Part II.)		•				
8					(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, an	d gross receipts from
					ct to certain exceptions,					
					(less section 511 tax) fro	m busines	sses acqui	red by the ore	ganization a	after June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to	-			-	
					d in section 509(a)(1) o					Sheck the box in
-		7	-		f supporting organization		-		-	
а				-	upervised, or controlled gularly appoint or elect a	• • • •	-			
			•	complete Part IV, Se		majonty c				ipporting
b		¬ -		-	l or controlled in connect	ion with it	s sunnorte	d organizatio	n(s) by hay	vina
~				-	anization vested in the sa			-		•
			-	t complete Part IV,					ge the cup	
с		¬ ~	.,	•	g organization operated	in connect	tion with. a	and functiona	llv integrate	ed with.
			-		). You must complete I				, ,	
d			-		porting organization oper				rted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	uirement and	an attentiv	/eness
		requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f		er the number o	••	•						
g		ide the followi		h about the supporte		(iv) Is the oroa	anization listed	(v) Amount o	fmonston	(vi) Amount of other
	(	organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ii	-	support (see instructions)
					above (see instructions))	Yes	No			
										1

## Schedule A (Form 990 or 990-EZ) 2019 NORTH PENN LEGAL SERVICES

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	5,545,994.	5,940,673.	6,076,702.	6,669,748.	5,703,166.	29,936,283.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	5,545,994.	5,940,673.	6,076,702.	6,669,748.	5,703,166.	29,936,283.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						29,936,283.		
	ction B. Total Support					L	, ,		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 4	5,545,994.	5,940,673.	6,076,702.	6,669,748.	5,703,166.	29,936,283.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	686.	875.	923.	4,423.	6,516.	13,423.		
9	Net income from unrelated business				•				
-	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	<b>Total support.</b> Add lines 7 through 10						29,949,706.		
12	Gross receipts from related activities,	etc. (see instructio	uns)			12	40,736.		
	First five years. If the Form 990 is for	-		l fourth or fifth ta	x vear as a section		,		
	organization, check this box and <b>sto</b>	-			•				
Sec	ction C. Computation of Publi								
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, co	blumn (f))		14	99.96 %		
15	Public support percentage from 2018					15	99.97 %		
16a	<b>33 1/3% support test - 2019.</b> If the o					ore, check this bo	and		
	stop here. The organization qualifies								
b	33 1/3% support test - 2018. If the o		0						
	and <b>stop here.</b> The organization qual	-				·····			
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fac	-							
	meets the "facts-and-circumstances"				-	-			
h	10% -facts-and-circumstances test	0	• •	· · ·	•				
~	more, and if the organization meets th	-							
	organization meets the "facts-and-circ						́ ▶□		
19									
10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2019

23-1659111

## Schedule A (Form 990 or 990 EZ) 2019 NORTH PENN LEGAL SERVICES

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

23-1659111 Page **3** 

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	) (f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions,									
	merchandise sold or services per- formed, or facilities furnished in									
	any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
	3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received									
	from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
c	Add lines 7a and 7b									
	Public support. (Subtract line 7c from line 6.)									
	ction B. Total Support		1			1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	) (f) Total			
	Amounts from line 6									
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties, and income from similar sources									
b	Unrelated business taxable income									
-	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b									
	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on									
12	Other income. Do not include gain									
	or loss from the sale of capital									
12	assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)	the exercise tion?	first second thir	d fourth or fifth t						
14	First five years. If the Form 990 is for	0								
500	check this box and stop here ction C. Computation of Publi									
	•			(f)		45	0/			
	Public support percentage for 2019 (I			.,,		15	%			
-	Public support percentage from 2018 ction D. Computation of Invest					16	%			
	•					47	0/			
	Investment income percentage for 20					17	<u>%</u>			
	Investment income percentage from					<b>18</b>	%			
19a	<b>33 1/3% support tests - 2019.</b> If the						ine 1 / is not			
	more than 33 1/3%, check this box ar						▶∟			
b	<b>b 33 1/3% support tests - 2018.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions				

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No." describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see insti	ructions	)_	
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

<u> </u>		-	NODELL	DENTAT	TROAT	
Schedule A	(Form 990 or 990-E2	2019	NORTH	PENN	LEGAL	SERVICES

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Pa	rt V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 NORTH PENN LEGAL SERVICES	23-1659111	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	and 2; Part IV, Sectior /, Section B, line 1e; Pa	۱C,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	nal information.	

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

	) <b>२</b>	 16	5	9	1	1	1
4	20	 то	5	2	т	т	1

Name of th	e organization
------------	----------------

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

NORTH PENN LEGAL SERVICES

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Part I

Employer identification number

23-1659111

NORTH PENN LEGAL SERVICES

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution PA IOLTA 1 X Person Payroll 601 COMMONWEALTH AVENUE, SUITE 2400 340,066. Noncash \$ (Complete Part II for HARRISBURG, PA 17120-0901 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 LEGAL SERVICES CORPORATION Х Person Payroll 1,177,696. Noncash 3333 K STREET, NW (Complete Part II for WASHINGTON, DC 20007-3522 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 LUZERNE COUNTY Х Person Payroll 111 NORTH PENNSYLVANIA BOULEVARD 191,349. Noncash \$ (Complete Part II for WILKES-BARRE, PA 18701 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 PENNSYLVANIA LEGAL AID NETWORK Х Person Payroll 118 LOCUST STREET 2,991,337. Noncash \$ (Complete Part II for HARRISBURG, PA 17101 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 SMALL BUSINESS ADMINISRATION X Person Payroll 409 3RD STREET, SW 821,861. Noncash (Complete Part II for WASHINGTON, DC 20416 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY 6 X Person Payroll 3101 NORTH FRONT STREET 352,605. Noncash \$ (Complete Part II for

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

noncash contributions.)

Schedule B	(Form 990,	990-EZ, (	or 990-PF)	(2019)
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Name of organization

Employer identification number

23-1659111

NORTH PENN LEGAL SERVICES

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II	n additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 4

ame of or	ganization		1	Employer identification number		
ORTH PEI	NN LEGAL SERVICES			23-1659111		
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) if completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional sp	through <b>(e) and</b> the following line er aritable, etc., contributions of <b>\$1,000 o</b>	ntry For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held		
Γ		(e) Transfer of gi	ft			
-	Transferee's name, address, and	d ZIP + 4	Relationship of trans	sferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held		
Part I						
_	(e) Transfer of gift					
-	Transferee's name, address, and 	3 ZIP + 4	Relationship of trans	sferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held		
-		(e) Transfer of gi	 ft			
-	Transferee's name, address, and	d ZIP + 4	Relationship of trans	sferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held		
F		(e) Transfer of gi	ft			
F	Transferee's name, address, and	3 ZIP + 4	Relationship of trans	sferor to transferee		

SCHEDULE [	)
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Department of the Treasury Internal Revenue Service

(Form 99	D)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization NORTH PENN LEGAL SERVICES			Employer identification number 23-1659111
Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other	r Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor adv	/ised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		held in donor ad	vised funds
-	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?	,	, , ,	
Pa				
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).	
	Preservation of land for public use (for example, recreation	tion or education) [	Preservation	of a historically important land area
	Protection of natural habitat	[	Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribution in the for	m of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)		
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not	on a historic strue	cture
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or terminated by t	he organization during the tax
	year ►			
4	Number of states where property subject to conservation eas			_
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	, and enforcing co	onservation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enforcing conser	vation easements during the year
•	\$ Does each conservation easement reported on line 2(d) above	a action the requirem	anto of contion 1-	70/L\/ 4\/D\/;\
8		, ,		
٩	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
5	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	Art, Historical T	reasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its r	revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educati	ion, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that c	describes these it	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement an	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in fu	irtherance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• • •
2	If the organization received or held works of art, historical trea	asures, or other simila	ir assets for financ	cial gain, provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		<u></u>	<b>&gt;</b> \$

Sche	dule D (Form 990) 2019 NORTH PENN	LEGAL SERVICES					23-165	9111	Pa	ige <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	Similar	Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that i	make sign	ificant us	se of its	·	,	
	collection items (check all that apply):									
а	Public exhibition	c	Loan or ex	change prograr	n					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organizatior	n's exempt	t purpose	e in Part I	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or other	similar as	sets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizati	on answered "	Yes" on Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributior	ns or other asse	ets not inc	luded		_		
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or c	ustodial accou	nt liability?	?	X	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>		X	
Par	t V Endowment Funds. Complete i	f the organization an		orm 990, Part I						
		(a) Current year	(b) Prior year	(c) Two years	s back <b>(d</b> )	) Three ye	ars back	(e) Four y	/ears l	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	ind administere	ed for the c	organizat	ion	Г		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Par	Describe in Part XIII the intended uses of the           t VI         Land, Buildings, and Equipm		wment funds.							
1 4			Dout IV line 11e		Dout V lin	a 10				
	Complete if the organization answere									
	Description of property	<b>(a)</b> Cost or o basis (investr		st or other s (other)	• •	umulated eciation		(d) Book	value	9
1a	Land									
	Buildings									
	Leasehold improvements			17,887.		17,8	87.			٥.
	Equipment			575,235.		458,0	29.	1	17,2	206.
	Other									_
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B). line	10c.)				1	17,2	206.

Schedule D (Form 990) 2019

#### Part VII Investments - Other Securities.

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)	1	
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Par	t X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2019 NORTH PENN LEGAL SERVICES	23-1659111	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	6,683,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 149,505.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	149,505.
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,533,934.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,533,934.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	7,394,837.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 149,505.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	149,505.
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,245,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	7,245,332.
Pa	rt XIII Supplemental Information.		

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

PART IV, LINE 2B:

CLIENT DEPOSITS ARE HELD IN ESCROW BY NORTH PENN LEGAL SERVICES TO COVER

COURT RELATED COSTS.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ 0MB No. 1545-0047 2019				
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection				
Name of the organization	· · · · · · · · · · · · · · · · · · ·	Employer identification number 23-1659111				
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:					
AREA IN NORTHEAST	PA. POTENTIAL CLIENTS ARE SCREENED FOR INCOME					
ELIGIBILITY WHICH	IS, IN MOST CASES, 125% OF THE FEDERAL POVERTY LEVEL.					
CASE TYPES ACCEPTE	D FOR SERVICE ARE THOSE WHICH FIT WITHIN PRIORITIES					
REVIEWED ANNUALLY	BY THE BOARD OF DIRECTORS. NORTH PENN LEGAL SERVICES					
ADVOCATES HANDLE A	VARIETY OF CASES INCLUDING HOUSING, HEALTH,					
JUVENILE, FAMILY,	EMPLOYMENT, EDUCATION, CONSUMER, INCOME MAINTENANCE,					
AND INDIVIDUAL RIG	HTS. THE PRIORITIES ARE DESIGNED TO SCREEN FOR CASES					
WHICH ARE EMERGENC	IES AND WHICH HAVE AN EFFECT ON THE SAFETY AND					
ECONOMIC STABILITY	OF A FAMILY. FOR EXAMPLE, NORTH PENN LEGAL SERVICES					
ADVOCATES TAKE CAS	ES WHERE THE CLIENT IS AT RISK OF EVICTION FROM					
PRIVATE OR FEDERAL	LY SUBSIDIZED HOUSING, HAS BEEN DENIED ACCESS TO					
PUBLIC BENEFIT - W	HETHER IN THE FORM OF CASH ASSISTANCE OR MEDICAL					
SUPPORT - OR THE V	ICTIM OF CREDITOR HARASSMENT.					
FORM 990, PART VI,	SECTION B, LINE 11B:					
THE AUDIT AND FINA	NCE COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED THE					
DRAFT OF THE 990 F	OR REVIEW. THE COMMITTEE APPROVES THE DRAFT RETURN AND					
MAKES A RECOMMENDA	TION TO THE EXECUTIVE COMMITTEE THAT THE FORM BE					
EXECUTED. THE EXE	EXECUTED. THE EXECUTIVE COMMITTEE IS AUTHORIZED IN THE AGENCY'S BYLAWS TO					
EXECUTE SUCH DOCUM	ENTS. THE BOARD ALSO REVIEWS AND APPROVES THE 990.					
	CECTION R. LINE 120.					
	SECTION B, LINE 12C:					
THE ORGANIZATION H	AS A CONFLICT OF INTEREST FORM AND POLICY THAT EACH					

OFFICER, DIRECTOR, AND KEY EMPLOYEE IS REQUIRED TO SIGN ANNUALLY TO

DISCLOSE THEIR CONFLICTS. THE HUMAN RESOURCE MANAGER IS RESPONSIBLE FOR

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 932211 09-06-19

Schedule O (	Form 990 or 990-I	EZ) (2019	)
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#### Name of the organization

NORTH PENN LEGAL SERVICES

ENFORCING THE COMPLIANCE.

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

A STAFF COMPENSATION COMMITTEE BI-ANNUALLY REVIEWS SALARIES IN RELATION TO

OTHER COMPARABLE ORGANIZATIONS IN THE STATE AND MAKES RECOMMENDATIONS TO

THE BOARD FOR ALL STAFF POSITIONS. THE BOARD APPROVES SALARY RANGES AND

ANNUALLY APPROVES SPECIFIC SALARIES AS PART OF ITS BUDGET DEVELOPMENT AND

APPROVAL PROCESS.

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

ALL GOVERNING DOCUMENTS ARE AVAILABLE TO STAFF AND BOARD ON AN AGENCY

INTRANET. THESE DOCUMENTS INCLUDE BYLAWS, CONFLICT OF INTEREST AND WHISTLE

BLOWER POLICIES, FINANCIAL STATEMENTS, GRANT DOCUMENTS AND ALL FISCAL FORMS

AND POLICIES. ALL GOVERNING DOCUMENTS ARE AVAILABLE TO FUNDERS UPON

REQUEST. PUBLIC DOCUMENTS ARE POSTED ON NORTH PENN LEGAL SERVICE'S WEBSITE

AND FACEBOOK PAGE.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o	or Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)		
print	NORTH PENN LEGAL SERVICES				23-1659111		
File by the due date filing you	e for Number, street, and room or suite no. If a P.O. box, see instructions.						
	return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSTON, PA 18640						
Enter the Return Code for the return that this application is for (file a separate application for each return)					0 1		
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
NORTH PENN LEGAL SERVICES         • The books are in the care of ▶ 33 NORTH MAIN STREET, SUITE 200 - PITTSTON, PA 18640         Telephone No. ▶ 570-299-4100       Fax No. ▶         • If the organization does not have an office or place of business in the United States, check this box       ▶         • If the organization does not have an office or place of business in the United States, check this box       ▶         • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box         • If it is for part of the group, check this box       ▶       and attach a list with the names and TINs of all members the extension is for.         1       I request an automatic 6-month extension of time until       MAY 17, 2021       , to file the exempt organization return for the organization named above. The extension is for the organization's return for:         ▶       □ calendar year or       .         X tax year beginning JUL 1, 2019       , and ending JUN 30, 2020       .         2       If the tax year entered in line 1 is for less than 12 months, check reason:       □ Initial return       Final return							
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	), or 6069, e	enter the tentative tax, less	3a	\$	0.	
b l	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and				
e	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$			\$	0.		
сE	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
L	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.	
	Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.						

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

Form 8868 (Rev. 1-2020)