Form **990**

Return of Organization Exempt From Income Tax

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

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.

2024
Open to Public Inspection

Department of the Treasury Internal Revenue Service

| <u>A</u> | For the | ne 2024 calendar year, or tax year beginning | and | ending | | | | | | | |
|-------------------------|-------------------------|--|------------------------------------|--------------------|------------------------------------|-------------------------------|--|--|--|--|--|
| В | Check i applica | C Name of organization | | | D Employer ident | tification number | | | | | |
| | Add | ge NATIONAL CONSUMER LAW CENTER, II | NC. | | | | | | | | |
| | Nam char | ge Doing business as | | 04-2488502 | | | | | | | |
| | Initia retur Fina | Number and street (or P.O. box if mail is not o | delivered to street address) | Room/suite | E Telephone number 617-542-8010 | | | | | | |
| - | retur term ated | | d ZID or foreign months and | | | | | | | | |
| Г | Ame | nded DOGMONT WA ASSISS TAKE | d ZIP or foreign postal code | | G Gross receipts \$ | 23,482,010. | | | | | |
| 늗 | retur Appl | | HARD DUROTS | | H(a) Is this a group | | | | | | |
| _ | tion pend | F Name and address of principal officer: RIC | HARD DUBUIS | | | es? Yes X No | | | | | |
| $\overline{}$ | | | | | | s included? Yes No | | | | | |
| | | xempt status: X 501(c)(3) 501(c) (|) (insert no.) 4947(a)(1) | or 527 | If "No," attach | a list. See instructions | | | | | |
| | Webs | | | | H(c) Group exempt | | | | | | |
| - | Form c | f organization: X Corporation Trust Summary | Association Other | L Year | of formation: 1971 | M State of legal domicile: MA | | | | | |
| | 1 | Briefly describe the organization's mission or mos | st significant activities: SEE SCI | HEDULE O | | | | | | | |
| Activities & Governance | | | | 180 | | | | | | | |
| 25 | 2 | Check this box if the organization disc | ontinued its operations or dispos | ed of more | than 25% of its net a | issets. | | | | | |
| ove | 3 | Number of voting members of the governing body | y (Part VI, line 1a) | | | 3 12 | | | | | |
| Ö | 4 | Number of independent voting members of the go | overning body (Part VI, line 1b) | | | 4 12 | | | | | |
| ο <u>ς</u> | 5 | Total number of individuals employed in calendar | year 2024 (Part V. line 2a) | | | 5 79 | | | | | |
| itie | 6 | Total number of volunteers (estimate if necessary | | 12 | | | | | | | |
| cţì | 7 a | Total unrelated business revenue from Part VIII, c | column (C), line 12 | ****************** | 7 | | | | | | |
| ⋖ | b | Net unrelated business taxable income from Form | n 990-T. Part I. line 11 | | 7 | | | | | | |
| | | | A Property | | Prior Year | Current Year | | | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | - | 4,409,519 | | | | | | |
| Revenue | 9 | - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | 14,150,568 | | | | | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4 | 4 and 7d) | | 1,100,208 | | | | | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8 | c 9c 10c and 11a) | | 0 | | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equa | | | 19,660,295 | • | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column | | | 0 | , , , , , , | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (| | | 0 | *** | | | | | |
| 10 | 15 | Salaries, other compensation, employee benefits | | | 10,186,079 | 1 | | | | | |
| Se | 16a | Professional fundraising fees (Part IX, column (A), | line 11e) | | 0 | | | | | | |
| Expenses | h | Total fundraising expenses (Part IX, column (D), lin | ne 25) 1,011,6 | | | | | | | | |
| X | 17 | Other expenses (Part IX, column (A), lines 11a-11c | 115.246) | | 3,946,248 | . 3,984,266. | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part | IX column (A) line 25) | | 14,132,327 | | | | | | |
| | | Revenue less expenses. Subtract line 18 from line | | | 5,527,968 | | | | | | |
| 70 S | 10 | THE TOTAL TO THE TIME TO THE T | , 12 | | inning of Current Year | | | | | | |
| ets (| 20 | Total assets (Part X, line 16) | | 50; | 43,334,375 | | | | | | |
| ASS | 4 | Total liabilities (Part X, line 26) | | | 4,137,194 | | | | | | |
| Set | 22 | Net assets or fund balances. Subtract line 21 from | n line 20 | | 39,197,181 | | | | | | |
| | rt II | Signature Block | Time 20 | | 05,157,101 | 10,130,043. | | | | | |
| Und | er pena | lties of perjury, I declare that I have examined this return | including accompanying schedules | and statemen | ate and to the best of n | my knowledge and helief it is | | | | | |
| | | t, and complete. Declaration of preparer (other than offic | | | | I knowledge and beller, it is | | | | | |
| | | E. Out- | or all morniagon of the | on properti | AIII | 101 | | | | | |
| Sigr | 1 | Signature of officer | | | Dale | 23 | | | | | |
| Her | | RICHARD DUBOIS, EXECUTIVE DIRECTOR | | | 1 ' | 0.0 | | | | | |
| | | Type or print name and title | | 1 | | | | | | | |
| | | Preparer's name | Preparer's signature | D | ate Check | PTIN | | | | | |
| Paid | | CAITLIN LIMOGES, CPA | CAITLIN LIMOGES, CPA | 08 | /01/25 if self-empl | P01633588 | | | | | |
| Prep | arer | Firm's name AAFCPAS, INC. | | | Firm's EIN | 04-2571780 | | | | | |
| Use | Only | Firm's address 50 WASHINGTON STREET | | | | | | | | | |
| | | WESTBOROUGH, MA 01581 | | | Phone no.50 | 8-366-9100 | | | | | |
| May | the IF | S discuss this return with the preparer shown abo | ove? See instructions | | | X Yes No | | | | | |
| | | | | | | | | | | | |

| | 990 (2024) NATIONAL CONSUMER LAW CENTER, INC. | 04-2488502 | Page 2 |
|-----------|--|---------------------|---------------------------------------|
| orm 9 | 990 (2024) NATIONAL CONSUMER BAN CENTER, THE. | | |
| Pari | Check if Schedule O contains a response or note to any line in this Part III | | X |
| | | | |
| 1 | Briefly describe the organization's mission: THE NATIONAL CONSUMER LAW CENTER WORKS FOR CONSUMER JUSTICE AND | | |
| | ECONOMIC SECURITY FOR LOW-INCOME AND OTHER DISADVANTAGED PEOPLE IN THE | | |
| | U.S. THROUGH ITS EXPERTISE IN POLICY ANALYSIS AND ADVOCACY, | | |
| | PUBLICATIONS, LITIGATION, EXPERT WITNESS SERVICES, AND TRAINING. | | · · · · · · · · · · · · · · · · · · · |
| | Did the organization undertake any significant program services during the year which were not listed on the | | |
| 2 | | [| Yes X No |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | | |
| _ | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | Yes X No |
| 3 | If "Yes," describe these changes on Schedule O. | | |
| | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by ex | penses. |
| 4 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ers, the total expe | enses, and |
| | revenue, if any, for each program service reported. | · | |
| 4 | (Code) (Expenses \$4 , 868 , 124including grants of \$) (Rever | nue S | 4,298,807. |
| 4a | PROMOTING ECONOMIC OPPORTUNITY FOR PEOPLE WITH LOW-INCOMES BY | | 59 |
| | INCREASING ACCESS TO SUSTAINABLE HOUSING AND HOMEOWNERSHIP, UTILITIES, | | |
| | AND CAR OWNERSHIP. | | |
| | AND CRY WINDLESS. | | |
| | TO REDUCE THE OBSTACLES PEOPLE WITH LOW INCOMES ENCOUNTER IN OBTAINING | 9 | |
| | SAFE HOUSING AND ESSENTIAL TRANSPORTATION, NCLC DEVELOPS AND ADVOCATES | | |
| | REFORMS TO PROMOTE ACCESS TO FAIR LENDING AND HOUSING LAWS, FORECLOSURE | | |
| | AVOIDANCE PROGRAMS, AND AFFORDABLE ACCESS TO UTILITIES. CARS ARE | | |
| | ESSENTIAL FOR MANY FAMILIES TO ACHIEVE ECONOMIC MOBILITY, SO NCLC ALSO | | |
| | PROMOTES EFFECTIVE CAR OWNERSHIP PROGRAMS AND COMBATS MISLEADING AND | | |
| | DISCRIMINATORY SALES AND LENDING PRACTICES. A FOCUS ON ADVANCING EQUITY | | |
| | AND PACIAL TUSTICE IS INTEGRAL TO THIS ADVOCACY. AS SYSTEMIC RACISM IN | | |
| 4b | (Code:) (Expenses \$3, 225, 775. including grants of \$) (Reve | enue \$ | 4,537,318.) |
| 40 | PROTECTING LOW-INCOME PEOPLE, FAMILIES, AND COMMUNITIES FROM PREDATORY | | |
| | LENDING, RISKY FINANCIAL PRODUCTS, ABUSIVE CREDIT REPORTING AND DEBT | | |
| | COLLECTION, AND OTHER FORMS OF ECONOMIC EXPLOITATION, | | |
| | | | |
| | NCLC PURSUES REFORMS TO FEDERAL AND STATE POLICY, REGULATION, AND | | |
| | LEGISLATION TO HELP PEOPLE WITH LOW INCOMES, PEOPLE OF COLOR, | | |
| | JUSTICE-INVOLVED INDIVIDUALS, AND PEOPLE WITH LIMITED ENGLISH | | |
| | PROFICIENCY HAVE ACCESS TO SECURE BANK ACCOUNTS; SAFE ACCESS TO CREDIT | | |
| | WITH INTEREST RATE CAPS; AND A PATH TO PURSUE A FRESH START THROUGH A | | |
| | REASONABLE BANKRUPTCY PROCESS. NCLC ADVANCES POLICY SOLUTIONS TO | | |
| | COMBAT: PREDATORY LENDING; ABUSIVE OVERDRAFT FEES AND INTEREST RATES; | | |
| | SCAM ROBOCALLS AND TEXTS; IRRESPONSIBLE CREDIT REPORTING; CRIPPLING | | |
| 4c | | venue \$ | 3,668,884. |
| | EDUCATING FRONT-LINE LEGAL SERVICES AND NON-PROFIT LAWIERS, PRIVATE | | |
| | ATTORNEYS, FEDERAL AND STATE POLICYMAKERS, REGULATORY AND ENFORCEMENT | | |
| | OFFICIALS, AND COURTS ABOUT SUBSTANTIVE CONSUMER LAW ISSUES THROUGH | | |
| | CONFERENCES AND TRAININGS, EXPERT WITNESS SERVICES, AND IN-DEPTH | | |
| | TREATISES, REPORTS AND ISSUE BRIEFS. | | |
| | | | · |
| | NCLC PROVIDES TRAINING AND EDUCATIONAL RESOURCES TO CONSUMER LAW | A 1274 | |
| | ATTORNEYS AND ADVOCATES. NCLC PUBLISHES 21 CONSUMER LAW TREATISES ON | | |
| | EVERY ASPECT OF CONSUMER LAW. NCLC ADVOCATES UPDATE ITS DIGITAL LIBRARY | | |
| | REGULARLY AND PROVIDE SAMPLE PLEADINGS, ARTICLES, TRIAL TIPS, AND | | |
| | STRATEGIES. NCLC PRODUCES THREE ANNUAL CONFERENCES, WHICH IN 2024 | | |
| | PROVIDED HIGH-LEVEL TRAINING TO MORE THAN 1,600 LAWYERS. AT CONFERENCES | | |
| 4d | | | , |
| | (Expenses \$ including grants of \$) (Revenue \$ | | |
| <u>4e</u> | Total program service expenses 11,379,051. | | Form 990 (2024) |

Form 990 (2024) NATIONAL CONSUMER Part IV Checklist of Required Schedules

| | | | Yes | No |
|-------|--|--|-----|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| • | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | l |
| 6 | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 0 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | ١ |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 1 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | ,, |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 0 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | ,, |
| 9 | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | ., |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | _ <u>x</u> |
| 10 | | | v | |
| 11 | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| '' | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. | | | |
| 9 | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | W1275 | | |
| а | | | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | | |
| b | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 144 | | х |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11b | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | 116 | | |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | x | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | - | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | x | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12.0 | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | 7 | |
| | 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 | . | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| 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 | | Х |
| 20002 | 10.10.24 | F. 4 | 200 | |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------|---|---------|----------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? /f "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| ď | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 12 | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | - 1 | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | İ |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | İ | | |
| | Part V, line 1 | 34 | Х | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | <u> </u> | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | ļ | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 1 | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | 1 1 | 171 | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 125 100 | 題 | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 43200 | 4 12-10-24 | Forn | 990 | (2024) |

| Га | Statements Regarding Other IRS Fillings 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 7 9 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | _3a | | Х |
| b | " " " " " " " " " " " " " " " " " " " | _3b | | _ |
| 4a | , and the second | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 119.4 | | |
| 5a | o tan your . | 5a | 14 | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | _5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | _5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| 4 | any contributions that were not tax deductible as charitable contributions? | _6a | | Х |
| b | and the state of t | | i | |
| ., | were not tax deductible? | 6b | | 10100000000 |
| 7 | Organizations that may receive deductible contributions under section 170(c). | Ē. | 1/ | |
| 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 | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | _7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | ., |
| d | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year | 7c | 25-24 | Х |
| e | Did the exemination reactive and founds discust and discust and discust and discust and discust and discust and discust and discust and discuss and di | | oneite. | х |
| f | Did the executation during the control of the contr | 7e 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 1200 | N- (3) | W 32 |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | 9423 | and Grant |
| 9 | Sponsoring organizations maintaining donor advised funds. | 167 | S ZA | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | SOCIETY SEC | 105254001 |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | 3.17 | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | 31.1 | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | 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. | | 1 | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | de la constitució de la constitució de la constitució de la constitució de la constitució de la constitució de |
| | 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 | 9 | | |
| | organization is licensed to issue qualified health plans Inter the amount of receives an lead | | | |
| | Enter the amount of reserves on hand | NAME OF TAXABLE PARTY. | | v |
| | | 14a | - | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | + | |
| | excess parachute payment(s) during the year? | 45 | | х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | - 1 | A |
| 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. | 10 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | 10005091 | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |
| | | | | |

Form 990 (2024)

NATIONAL CONSUMER LAW CENTER, INC.

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

| | 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 12 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent1b12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | X 🖫 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | 100 |
| а | The governing body? | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | |
| | Other officers or key employees of the organization | 15b | х | |
| - | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | VA103.90 | х |
| ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | 1 | 0.0 |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | • |
| 17 | List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, IL, MD, MA, MI, MN, MS | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | cial | |
| - | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | MARGARET KOHLER - 617-542-8010 | | | |
| | 7 WINTHROP SQUARE, 4TH FLOOR, BOSTON, MA 02110-1006 | | | |

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

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

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

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

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

| Check this box if neither the organization (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|--|-----------------------|-------------------|-----------------------|---------|--------------|------------------------------|--------|------------------------------|-----------------|---------------|
| Name and title | Average | | | Pos | itior | 1 | | Reportable | Reportable | Estimated |
| | hours per | box | not o | ss pe | rson i | s bot | h an | compensation | compensation | amount of |
| | week | off | icer ar | nd a d | irecto | r/trus | tee) | from | from related | other |
| | (list any | or director | | | | | | the | organizations | compensation |
| | hours for | 9 9 | 8 | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | ndividual trustee | Institutional trustee | | 9 | Highest compensated employee | 4 | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization |
| | below | ual tr | tional | | Key employee | t con | | 1099-1160) | | and related |
| | line) | pivipu | nstitu | Officer | ay en | inghes mplo | Former | | | organizations |
| (1) RICHARD DUBOIS | 40.00 | - | - | A | 7 | 1 0 | Y | | | |
| EXECUTIVE DIRECTOR | 1.00 | 1 | - 0 | x | | | 1 | 278,750. | 0. | 48,675 |
| (2) CAROLYN CARTER | 40.00 | | | 1 | D. | A | 9 | | | 20,070 |
| DEPUTY DIRECTOR | | a dela | Silling. | х | A | # | | 237,471. | 0. | 23,762 |
| (3) STEPHEN HURLEY | 40.00 | per co | - | | | W | 16. | | | |
| CHIEF DEVELOPMENT OFFICER | 67 | 1 | | X | À | 18 | | 206,729. | 0. | 42,188 |
| (4) MARGARET KOHLER | 40.00 | | П | | 100 | | | | | |
| CHIEF FINANCIAL OFFICER | 1.00 | 1 | | х | | | | 204,883. | 0. | 43,184 |
| (5) KAREN LUSSON | 40.00 | 15. | | 1 | 7 | | Г | | | |
| SENIOR ATTORNEY | and A | | | | 30 | х | | 188,794. | 0. | 32,292 |
| (6) MARGOT SAUNDERS | 40.00 | | | | | | | | | |
| SENIOR ATTORNEY | 1 | | | | | х | | 196,922. | 0. | 22,639 |
| (7) JEREMIAH BATTLE | 40.00 | | | | | | | | | |
| SENIOR ATTORNEY | 13 | | | | | х | | 185,603. | 0. | 31,717. |
| (8) SVETLANA LADAN | 40.00 | | | | | | | | | |
| DIRECTOR OF OPERATIONS AND IT | | | | х | | | | 170,813. | 0. | 43,470. |
| (9) SHENNAN KAVANAGH | 40.00 | | | | | | | | | |
| DIRECTOR OF LITIGATION | | | | | | Х | | 185,765. | 0. | 23,727 |
| (10) LAUREN SAUNDERS | 40.00 | | | | | | | | | |
| ASSOCIATE DIRECTOR | | | | х | | | | 198,540. | 0. | 7,914. |
| (11) OLIVIA WEIN | 40.00 | | | | | | | | | |
| SENIOR ATTORNEY | | | | | | Х | | 194,050. | 0. | 7,465, |
| (12) MICHELLE BATES DEAKIN | 40.00 | | | | | | | | | |
| CHIEF COMMUNICATIONS OFFICER | | | | Х | | | | 192,677. | 0. | 4,074. |
| (13) JONATHAN SHELDON | 32.00 | | | | | | | | 4 4 2 4 | |
| PUBLISHER STAFF ATTORNEY | | | | х | | | | 145,064. | 0. | 39,683. |
| (14) MICHAEL FERRY | 1.00 | | | | | | | | | |
| PRESIDENT | 1.00 | х | | х | | | | 0. | 0. | 0. |
| (15) DANCY MCKINNEY-PARKER | 1.00 | | | | \neg | | | | | |
| VICE PRESIDENT | | х | | х | [| [| | 0. | 0. | 0. |
| (16) ODETTE WILLIAMSON | 1.00 | | | | | \neg | | | | |
| SECRETARY/TREASURER | | х | | x | | | | 0. | 0. | 0. |
| (17) BEVERLY COURTNEY | 1.00 | | | | | | | | II . | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |

432007 12-10-24

| Part VII Section A. Officers, Directors, Trust | ees, Key Emp | loye | es, | and | l Hig | hes | t Co | mpensated Employee | s (continued) | | | | | | |
|--|--|------------------|--------|---------|--------------|---------|--------------|---|----------------------------------|------|---------|--------------------|----------|--|--|
| (A) (B) (C) (D) (E) | | | | | | | | | | (F) | | | | | |
| Name and title | Average | Average Position | | | | | | Reportable | Reportable | | Est | imate | d | | |
| | hours per | box, | unles | ss per | son i | s both | an | compensation | compensation | | | ount c |)f | | |
| • | week officer and a director/trustee) from from related | | | | | | | other | | | | | | | |
| | (list any hours for | recto | | | | | | the | organizations (W-2/1099-MISC/ | , | | ensat om the | | | |
| | related | or d | ee | | | sated | | organization (W-2/1099-MISC/ | 1099-NEC) | | | anizati | | | |
| | | | | | | | | | | | - | relate | | | |
| | below | dual t | ntiona | | ng(o) | st co | La la | , | | | orga | nizatio | ons | | |
| | line) | Indiv | Instit | Officer | Key employee | Highe | Former | | | | | | | | |
| (18) DOLORES S. SMITH | 1.00 | | | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. 0. | | | | | | |
| (19) JONATHAN L. KRAVETZ | 1.00 | | | | | | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | | 0. | | | 0. | | |
| (20) MARK E. BUDNITZ | 1.00 | | | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. | | |
| (21) LATRYNA D. CARLTON | 1.00 | | | | | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | L | | | 0. | | 0. | | <u>.</u> | 0. | | |
| (22) DEEPAK GUPTA | 1.00 | | | | | | | | | | | | | | |
| DIRECTOR | | Х | | | <u> </u> | | | 0. | | 0. | | | 0. | | |
| (23) MARTHA TAMAYO | 1.00 | | | | | | | 100 | | ı | | | | | |
| DIRECTOR | | Х | | | | Ц. | | 0. | | 0. | | | 0. | | |
| (24) ELIZABETH CABRASER 1.00 | | | | | and the same | | | | | | | | | | |
| DIRECTOR (AS OF 2/24) X 0. 0. | | | | | | | | | | 0. | | | | | |
| (25) DAVID VLADECK 1.00 | | | | | | | | | | | | | | | |
| DIRECTOR (UNTIL 12/24) X 0. 0. | | | | | | | | | 0. | | | 0. | | | |
| | | | | 100 | | | 39 | | | 1 | | | | | |
| | 1 | | Tito | | 16 | 16 | | | | _ | | | | | |
| 1b Subtotal | | | | | | | Bà. | 2,586,061. | | 0. | | 370, | 790. | | |
| c Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | | 370,790. | | | |
| d Total (add lines 1b and 1c) | | | | | | <u></u> | | 2,586,061. | | 0. | | 370, | 790. | | |
| 2 Total number of individuals (including but n | | ose | liste | ed a | bove | e) wl | no re | eceived more than \$100 | ,000 of reportable | | | | 44 | | |
| compensation from the organization | | 7 | | | 437 | 56 | | | | | | | 41 | | |
| A STATE OF THE STA | | W. | H | | | | | | | 1 | Colera | Yes | No | | |
| 3 Did the organization list any former officer | | | | | | | | | | | | 1 | 24/10/2 | | |
| line 1a? If "Yes," complete Schedule J for s | such individual | | | | | | | | | | 3 | - 100 | Х | | |
| 4 For any individual listed on line 1a, is the st | um of reportab | le c | omp | ens | atior | n an | d oth | ner compensation from t | the organization | | | THE REAL PROPERTY. | | | |
| and related organizations greater than \$15 | | | | | | | | | | | 4 | Х | ESTERNIS | | |
| 5 Did any person listed on line 1a receive or | | | | | | | | | | | 0.87 | SHE | | | |
| rendered to the organization? If "Yes." con | nplete Schedu | e J | for s | uch | per | son | | | | | 5 | | X | | |
| Section B. Independent Contractors | | | | | | | | | | — | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | nsat | tion fr | om | | | |
| the organization. Report compensation for | the calendar y | ear | endi | ing v | <u>with</u> | or w | <u>ithir</u> | | year. | | | | | | |
| (A) | 11 | | | | | | | (B) | conicos | c | | C) :nsatic | \n | | |
| Name and business | address | | | | | | | Description of | services | | ompe | iisauc | | | |
| SVB PRIVATE WEALTH | | | | | | | | | _ | | | 160 | 0.03 | | |
| 265 MAIN ST, CAMBRIDGE, MA 02142 | | | | | | | | INVESTMENT ADVISOR | K . | — | | 100 | ,993. | | |
| JESSICA HIEMENZ-WOODBURY | | | | | | | | | V ENTO | | | 1.40 | 063 | | |
| 16 PERKINS AVE, HYDE PARK, MA 02136 | | | | | | | | CONFERENCE MANAGE | MENT | | | 149 | ,963. | | |
| LOIS L. LINDAUER SEARCHES LLC | | | | | | | | DECRITMER | | | | 110 | 056 | | |
| 420 BOYLSTON STREET, BOSTON, MA 02116 RECRUITER 119,956. | | | | | | | | | | | | | | | |

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Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2024)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Related or exempt Unrelated Revenue excluded Total revenue from tax under sections 512 - 514 function revenue business revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1,200,000. 1d 392,676. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 5,092,020. 11,139. Q Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 6,684,696 **Business Code** 2 a ATTORNEY FEE AWARDS 541100 8,614,290 8,614,290 b PUBLICATIONS 513120 2,396,224. 2,396,224. CONFERENCES 900099 1,233,795. 1,233,795. d RENTAL INCOME 532000 221,835. 221,835. ADVICE AND ASSISTANCE 541100 27,865, 27,865 f All other program service revenue 900099 11,000. 11,000 12,505,009. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,585,680. other similar amounts) 1,585,680 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 2,706,625 assets other than inventory **b** Less: cost or other basis and sales expenses 1,918,141. Other Revenue 788,484. c Gain or (loss) d Net gain or (loss) 788,484 788,484 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Scellaneous d All other revenue e Total. Add lines 11a-11d 21,563,869. Total revenue. See instructions 12,505,009. 12 2,374,164.

Form 990 (2024) NATIONAL CONSUMER L
Part IX Statement of Functional Expenses

| | heck if Schedule O contains a respons mounts reported on lines 6b, 0b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-----------------|---|-----------------------|--|--|---------------------------------------|
| | her assistance to domestic organizations | | | | |
| | governments. See Part IV, line 21 | | | | The second of |
| 2 Grants and | other assistance to domestic | | | | |
| individuals. | See Part IV, line 22 | | | | 经产业的股份 |
| 3 Grants and | other assistance to foreign | | | | |
| organization | ns, foreign governments, and foreign | 5 | | | |
| individuals. | See Part IV, lines 15 and 16 | | | | |
| 4 Benefits pai | d to or for members | | | | |
| 5 Compensat | ion of current officers, directors, | | | 1 | 000 500 |
| trustees, an | d key employees | 1,904,474. | 793,480. | 828,472. | 282,522. |
| 6 Compensatio | n not included above to disqualified | | | | |
| persons (as o | defined under section 4958(f)(1)) and | 27 | _ | | |
| persons desc | ribed in section 4958(c)(3)(B) | | A | 540 445 | 404 407 |
| 7 Other salari | es and wages | 6,646,426. | 5,706,512. | 518,417. | 421,497. |
| 8 Pension plan | accruals and contributions (include | | 242 252 | 12 201 | 16 724 |
| section 401(I | k) and 403(b) employer contributions) | 243,897. | 213,862. | 13,301. | 16,734. 71,545. |
| | oyee benefits | 1,204,571. | 1,031,403. | 101,623. | |
| 10 Payroll taxe | es | 629,168. | 487,338. | 91,978. | 49,852. |
| 11 Fees for ser | rvices (nonemployees): | A | P VA | | |
| a Manageme | nt | A197 2007. | 103 103 | | - |
| | | 49,200. | 127 | 49,200. | |
| | | 49,200. | | 45,200. | |
| | | ACCUPATION OF | NO NOTE TO SELECT | INCOMES AND THE STATE OF THE ST | · · · · · · · · · · · · · · · · · · · |
| | fundraising services. See Part IV, line 17 | 134,743. | The state of the s | 134,743. | |
| | management fees | 134,743. | | 131,710. | |
| | ne 11g amount exceeds 10% of line 25, | 838,412. | 761,279. | 58,452. | 18,681. |
| | amount, list line 11g expenses on Sch 0.) | 030,412. | 102,210. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| _ | and promotion | 393,294. | 184,394. | 151,055. | 57,845. |
| | enses | 271,967. | 198,101. | 42,719. | 31,147. |
| | technology | Wal. | | , | |
| • | | 536,943. | 513,460. | 16,011. | 7,472 |
| | / | 193,896. | 158,668. | 33,422. | 1,806 |
| | of travel or entertainment expenses | (A) | <u> </u> | | |
| | eral, state, or local public officials | | | | |
| | es, conventions, and meetings | 843,406. | 827,453. | 15,930. | 23 |
| | es, conventions, and meetings | | | | |
| | to affiliates | | | | |
| | on, depletion, and amortization | 313,808. | 285,256. | 19,467. | 9,085 |
| 23 Insurance | on, depletion, and american | 77,656. | 51,771. | 17,649. | 8,236 |
| 24 Other expen | ses. Itemize expenses not covered | | | | |
| above. (List | miscellaneous expenses on line 24e. If | | 美国共享的 | | |
| line 24e amo | ount exceeds 10% of line 25, column (A), line 24e expenses on Schedule 0.) | | | National and State of the | |
| a MISCELLA | | 170,402. | 11,279. | 125,755. | 33,368 |
| b PUBLICAT | ions | 141,880. | 141,880. | | |
| c PERIODIC | ALS | 17,232. | 11,488. | 3,916. | 1,828 |
| d LITIGATI | ON EXPENSE | 1,427. | 1,427. | | |
| e All other ex | xpenses | | | | |
| | onal expenses. Add lines 1 through 24e | 14,612,802. | 11,379,051. | 2,222,110. | 1,011,641 |
| | Complete this line only if the organization | | | | |
| | column (B) joint costs from a combined | | 1 | | |
| • | campaign and fundraising solicitation. | | | | |
| Check here | if following SOP 98-2 (ASC 958-720) | | | | |

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 511,086. 1 2,764,454. Savings and temporary cash investments 100. 2 100. Pledges and grants receivable, net 2,557,595. 3 3,965,699. 3 Accounts receivable, net 137,231. 111,785. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 280,223. 345,765. 10a Land, buildings, and equipment: cost or other 1,868,486. basis. Complete Part VI of Schedule D _______10a 1,134,596. b Less: accumulated depreciation 10b 889,300. 10c Investments - publicly traded securities 37,884,773. 11 40,622,369. 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 828,771. 697,164. 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 43,334,375. 49,396,636. 16 Accounts payable and accrued expenses 2,619,006. 1,793,820. 17 18 Grants payable 18 Deferred revenue 976,190. 19 1,024,563. 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 541,998. 387,408. 25 Total liabilities. Add lines 17 through 25 4,137,194. 26 3,205,791. Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 33,639,865. 27 Net assets without donor restrictions 39,322,751. 27 28 Net assets with donor restrictions 5,557,316. 6,868,094. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 39,197,181. 32 46,190,845. 32 Total liabilities and net assets/fund balances 43,334,375. 33 49,396,636.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| Nar | ne of t | the organization | | | | | | Employe | r identification number | | |
|-----|---|--|--|--|-------------------|------------------|----------------------------------|---------------|----------------------------|--|--|
| | | | NAL CONSUMER LA | | | | - | | 04-2488502 | | |
| Pa | irt I | Reason for Public | Charity Status. | (All organizations must | complete t | his part.) S | See instruction | is. | | | |
| The | organ | ization is not a private found | dation because it is: | (For lines 1 through 12, o | heck only | one box.) | | | | | |
| 1 | | A church, convention of ch | nurches, or associati | on of churches described | d in section | on 170(b)(| 1)(A)(i). | | | | |
| 2 | | A school described in sec | tion 170(b)(1)(A)(ii). | (Attach Schedule E (Forr | n 990).) | | | | | | |
| 3 | | A hospital or a cooperative | hospital service org | anization described in s | ection 17 | 0(b)(1)(A)(i | iii). | | | | |
| 4 | | A medical research organization | zation operated in co | onjunction with a hospital | described | in section | on 170(b)(1)(A |)(iii). Enter | the hospital's name, | | |
| | | city, and state: | <u></u> | | | | | | | | |
| 5 | | An organization operated f | or the benefit of a co | ollege or university owner | d or operat | ted by a go | overnmental u | nit describ | ed in | | |
| | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | |
| 7 | X | An organization that norma | ally receives a substa | antial part of its support f | rom a gov | ernmental | unit or from th | ne general | public described in | | |
| | | section 170(b)(1)(A)(vi). (C | | | | A | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | | |
| 9 | | An agricultural research org | ganization described | l in section 170(b)(1)(A)(| ix) operat | ed in conju | unction with a | land-grant | college | | |
| | | or university or a non-land- | grant college of agric | culture (see instructions). | Enter the | name, city | , and state of | the college | e or | | |
| | | university: | | | 4500 | To the last | | | | | |
| 10 | | An organization that norma | ally receives (1) more | than 33 1/3% of its supp | ort from o | ontribution | ns, membersh | ip fees, an | d gross receipts from | | |
| | | activities related to its exer | | | | | | | | | |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fro | om busine: | sses acqui | ired by the org | anization a | after June 30, 1975. | | |
| | | See section 509(a)(2). (Co | mplete Part III.) | | 19 | | | | | | |
| 11 | \square | An organization organized | and operated exclus | ively to test for public sa | fety. See | section 5 | 09(a)(4). | | | | |
| 12 | Ш | An organization organized | and operated exclus | ively for the benefit of, to | perform t | he functio | ns of, or to ca | rry out the | purposes of one or | | |
| | | more publicly supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section ! | 509(a)(3). (| Check the box on | | |
| | | lines 12a through 12d that | | | | | | | | | |
| а | L_ | Type I. A supporting orga | | | | | | | | | |
| | | the supported organization | on(s) the power to re | gularly appoint or elect a | majority o | of the direc | ctors or trustee | es of the su | upporting | | |
| | _ | organization. You must o | AND A STREET OF THE PARTY OF TH | No. 44 (1975) | | | | | | | |
| b | | Type II. A supporting org | anization supervised | d or controlled in connect | tion with it | s supporte | ed organizatio | n(s), by hav | /ing | | |
| | | control or management of | of the supporting org | anization vested in the sa | ame perso | ns that co | ntrol or manaç | ge the supp | ported | | |
| | | organization(s). You mus | POSTON . | 9.651 | | | | | | | |
| C | | Type III functionally inte | | | | | | ly integrate | ed with, | | |
| | | its supported organization | | | | | | | | | |
| d | | Type III non-functionally | | | | | | _ | | | |
| | | that is not functionally int | egrated. The organiz | zation generally must sat | isfy a distr | ibution red | quirement and | an attenti | veness | | |
| | | requirement (see instructi | | | | | | | | | |
| е | Ш | Check this box if the orga | | | | | Type I, Type I | l, Type III | | | |
| | | functionally integrated, or | | nally integrated supporti | ng organiz | ation. | | | | | |
| f | | the number of supported of | • | ••••• | | | | | | | |
| g | | de the following information Name of supported | | | L (iu) to the ere | anization I sted | | | | | |
| | s (1) | organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your govern | ing document? | (v) Amount of support (see in | , | (vi) Amount of other | | |
| | | organization | | above (see instructions)) | Yes | No | support (see iii | structions) | support (see instructions) | | |
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| 2 Tax revenues levied for the organization'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 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) 5 Public support. Subtract lines 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Total support. Add lines 7 through 10 | | | | | | | | | |
|--|-------|--|--|--|--|--|--|--|--|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; 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) 5,55. 6 Public support. Setrectime 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; Section B. Total Support Calendar year (or fiscal year beginning in) 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; Section B. Total Support Calendar year (or fiscal year beginning in) 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; Section B. Total Support Calendar year (or fiscal year beginning in) 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; Section B. Total Support Calendar year (or fiscal year beginning in) 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; Section B. Total Support Section B. Total Support Calendar year (or fiscal year beginning in) 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; Section B. Total Support Calendar year (or fiscal year beginning in) 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; Section B. Total Support Calendar year (or fiscal year beginning in) 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; Section B. Total Support Calendar year (or fiscal year beginning in) 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; Section B. Total Support Calendar year (or fiscal year beginning in) 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8; Calendar year (or fiscal year beginni | otal | | | | | | | | |
| membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization'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 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, Substactions 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Not income from on related 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 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here 8ection C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 60. | | | | | | | | | |
| 2 Tax revenues levied for the organization'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 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) 5 Evaluities upport. Subtact line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 1, 226, 054. 1, 462, 000. 970, 519. 1, 066, 995. 1, 585, 680. 6, 33 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 Total support. Add lines 7 through 10 Cross from the sale of capital assets (Explain in Part VI.) 12 Gross receiplist from related activities, etc. (see instructions) 13 First 5 years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 4 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 Gould be served and stop here 4 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | | | | | | | | | |
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| 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,81 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) 5,56 Public support. Subtract line 5 from line 4 | | | | | | | | | |
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| the organization without charge 4 Total. Add lines 1 through 3 | | | | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | | | | |
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| 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) 5,55 6 Public support. Subtect line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 4,990,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,8: 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,226,054. 1,462,000. 970,519. 1,066,995. 1,585,680. 6,3: 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 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 46,3 13 First 5 years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 | 8,632 | | | | | | | | |
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| column (f) 5,56 6 Public support. Subtract line 5 from line 4. 18, 21 Section B. Total Support Calendar year (or fiscal year beginning in) 4,090,720, 3,373,663, 5,270,034, 4,409,519, 6,684,696, 23,8: 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,226,054, 1,462,000, 970,519, 1,066,995, 1,585,680, 6,3: 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 Total support. Add lines 7 through 10 30,1: 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage | | | | | | | | | |
| 18, 21 Section B. Total Support Subtract line 5 from line 4. Section B. Total Support | 2,498 | | | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,83 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,226,054. 1,462,000. 970,519. 1,066,995. 1,585,680. 6,33 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 Total support. Add lines 7 through 10 30,11 12 Gross receipts from related activities, etc. (see instructions) 12 46,3 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage | 6,134 | | | | | | | | |
| 7 Amounts from line 4 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,83 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,226,054. 1,462,000. 970,519. 1,066,995. 1,585,680. 6,33 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.) 30,13 12 Gross receipts from related activities, etc. (see instructions) 12 46,33 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage | | | | | | | | | |
| 7 Amounts from line 4 4,090,720. 3,373,663. 5,270,034. 4,409,519. 6,684,696. 23,83 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,226,054. 1,462,000. 970,519. 1,066,995. 1,585,680. 6,33 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.) 30,13 12 Gross receipts from related activities, etc. (see instructions) 12 46,33 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage | otal | | | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,226,054. 1,462,000. 970,519. 1,066,995. 1,585,680. 6,33. 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 Total support. Add lines 7 through 10 30,1. 12 Gross receipts from related activities, etc. (see instructions) 12 46,3. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 60. | 8,632 | | | | | | | | |
| dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,226,054. 1,462,000. 970,519. 1,066,995. 1,585,680. 6,33. 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 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 1, 066, 995. 1, 585, 680. 6, 33 16 3, 30, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1 | | | | | | | | | |
| securities loans, rents, royalties, and income from similar sources | | | | | | | | | |
| and income from similar sources 1,226,054. 1,462,000. 970,519. 1,066,995. 1,585,680. 6,33. 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 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 1, 585, 680. 6, 32 16 2, 33 17 26, 054. 1, 462,000. 970,519. 1, 066,995. 1, 585,680. 6, 32 18 2, 30 19 2, 30 10 30,12 11 2 46,33 12 46,33 | | | | | | | | | |
| 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 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 | 1,248 | | | | | | | | |
| 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 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 Other income. Do not include gain or loss included as included as included assets the sale of capital assets (Explain in Part VI.) 16 Other income. Do not include gain or loss included gain or loss from the sale of capital assets (Explain in Part VI.) 16 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 17 Otal support. Add lines 7 through 10 18 Otal support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | | | | | | | | | |
| 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 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 Other income. Do not include gain or loss included as included as included assets the sale of capital assets (Explain in Part VI.) 16 Other income. Do not include gain or loss included gain or loss from the sale of capital assets (Explain in Part VI.) 16 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 17 Otal support. Add lines 7 through 10 18 Otal support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | | | | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 Gross receipts from related activities, etc. (see instructions) 16 Gross receipts from related activities, etc. (see instructions) 17 Gross receipts from related activities, etc. (see instructions) 18 Gross receipts from related activities, etc. (see instructions) 19 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 11 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 Gross receipts from related activities, etc. (see instructions) 15 Gross receipts from related activities, etc. (see instructions) 16 Gross receipts from related activities, etc. (see instructions) 17 Gross receipts from related activities, etc. (see instructions) 18 Gross receipts from related activities, etc. (see instructions) 19 Gross receipts from related activities, etc. (see instructions) 19 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from relat | | | | | | | | | |
| or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 Gross receipts from related activities, etc. (see instructions) 16 Gross receipts from related activities, etc. (see instructions) 17 Gross receipts from related activities, etc. (see instructions) 18 Gross receipts from related activities, etc. (see instructions) 19 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 19 Gross receipts from related activities, etc. (see instructions) 10 Gross receipts from related activities, etc. (see instructions) 11 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 Gross receipts from related activities, etc. (see instructions) | | | | | | | | | |
| assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 30,1 16 46,3 17 46,3 18 60. | | | | | | | | | |
| 11 Total support. Add lines 7 through 10 30, 1 12 Gross receipts from related activities, etc. (see instructions) 12 46, 3. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 60. | | | | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 46, 30 46, 30 46, 30 46, 30 47 48 49 40 40 40 40 40 40 40 40 40 | 9,880 | | | | | | | | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 14 60. | 3,687 | | | | | | | | |
| organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 60. | | | | | | | | | |
| Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 60. | | | | | | | | | |
| | | | | | | | | | |
| | 67 9 | | | | | | | | |
| ti ti ti V V ti ti ti ti ti ti ti ti ti ti ti ti ti | | | | | | | | | |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | | | | | | | | | |
| stop here. The organization qualifies as a publicly supported organization | Х | | | | | | | | |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | | | |
| and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | | | | | | | | | |
| and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | | | | |
| meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | | | |
| more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the | | | | | | | | | |
| the contract of the contract o | | | | | | | | | |
| organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | | | |

04-248 8502

Schedule A (Form 990) 2024 NATIONAL CONSUMER LAW CENTER, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Se | ction A. Public Support | | | | | | |
|------|--|---------------------------|--|--|---------------------|----------------------|-----------------|
| Cal | endar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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- | | | | | ļ, | |
| | iness under section 513 | | 2 | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | İ | | | | |
| | or expended on its behalf | | | | 4 | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | ļ | | | | |
| | the organization without charge | | | | NA . | | |
| 6 | Total. Add lines 1 through 5 | | | 48000 | | | |
| 7 a | Amounts included on lines 1, 2, and | | | -95//Ebs | | | |
| | 3 received from disqualified persons | | | 32.0 | | | |
| k |) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | Ty. | |
| | amount on line 13 for the year | | V30 | Selv . | | | |
| | Add lines 7a and 7b | #\$50757000 (\$500) | OUR STATE OF THE PARTY OF THE P | Asset Control | | tigrasion exicolisi | |
| Se/ | Public support. (Subtract line 7c from line 6.) | V. Ulbayille V. Ster | | The same of the sa | | | |
| | ndar year (or fiscal year beginning in) | (=) 2020 | (h) 2021 | (=) 2022 | (4) 0000 | (=) 0004 | (0.T.) |
| | Amounts from line 6 | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | P | | | | | |
| b | Unrelated business taxable income | 8 | | | | | |
| | (less section 511 taxes) from businesses | | | 17 | | | |
| | acquired after June 30, 1975 | | <i>y</i> | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | - | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) organizatio | on, |
| | check this box and stop here | | | | | | |
| | tion C. Computation of Publi | | | | | | |
| | Public support percentage for 2024 (I | | | column (f)) | • | 15 | % |
| 16 | Public support percentage from 2023 | Schedule A, Part I | III, line 15 | | | 16 | % |
| | tion D. Computation of Inves | | | | | ¥. | |
| | Investment income percentage for 20 | | | | | 17 | % |
| 18 | Investment income percentage from | 2023 Schedule A, I | Part III, line 17 | | | 18 | % |
| | 33 1/3% support tests - 2024. If the | organization did n | ot check the box | on line 14, and lin | e 15 is more than 3 | | ' is not |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2023. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | n did not check a t | box on line 14, 19a | a, or 19b, check t | his box and see ins | | |
| 3202 | 3 01-14-25 | | | | | Schedule A | (Form 990) 2024 |

Page 4

No

Yes

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3<u>a</u> 3b 3с 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9с 10a 10b

Schedule A (Form 990) 2024

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.
Parent of Supported Organizations. Answer lines 3a and 3b below.
Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
432025 01-14-25

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting | Orgar | nizations | |
|---|-----------|--|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| All other Type III non-functionally integrated supporting organizations must of | complete | Sections A through E. | |
| Section 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 | 1 1 | | |
| 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | Average 1 | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | m. 103 | |
| d Total (add lines 1a, 1b, and 1c) | 1d | and the same of th | |
| e Discount claimed for blockage or other factors | N INTE | STATE OF THE STATE | |
| (explain in detail in Part VI): | | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market | |
| | 6 | | |
| 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 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 | | |
| | | ated Type III supporting org | anization (see |
| | , intogre | , po in capporting org | |
| instructions). | | | Schedule A (Form 990) 202 |

| | rt V Type III Non-Functionally Integrated 509 | | nizations (continu | - 20 | 4-240 6502 Page 7 |
|------|---|--|---|--------|--|
| | ion D - Distributions | and capporting orga | inizations (continu | uea) | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | - Gunting Tour |
| 2 | Amounts paid to perform activity that directly furthers exemp | NAME AND DESCRIPTION OF THE PERSON OF THE PE | | 1 | |
| | organizations, in excess of income from activity | · parposos or capportos | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | s | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | vide details in Part VI) | - | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | yvide details in | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| _ | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2024 from Section C, line 6 | 930 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2024 | ns | (iii) Distributable Amount for 2024 |
| 1 | Distributable amount for 2024 from Section C, line 6 | | | 0.00 | |
| 2 | Underdistributions, if any, for years prior to 2024 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | No. | | |
| 3 | Excess distributions carryover, if any, to 2024 | | | | |
| a | From 2019 | 图 | A Washington | | |
| ь | From 2020 | | | 4 | |
| | From 2021 | TAIL VI | STATE AREA | | |
| | From 2022 | WAY AREA TO | BHD (C) | | |
| | From 2023 | 理《《新维罗》 加州 | | | |
| | Total of lines 3a through 3e | | | | |
| | Applied to under distributions of prior years | | // | | new Mass Translation |
| - | Applied to 2024 distributable amount | | 建建设在企业 。 | | |
| | Carryover from 2019 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | 鐵場依然的計畫 | | 2000 |
| 4 | Distributions for 2024 from Section D, | | BEAR SECTION OF A | 1000 | |
| | line 7: | 新疆 | | | |
| a | Applied to underdistributions of prior years | A CONTRACTOR | | | 企业 建合物 (10) |
| | Applied to 2024 distributable amount | The second second second | A REAL PROPERTY. | file. | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | 300 | (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C |
| 5 | Remaining underdistributions for years prior to 2024, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | VAC 1/10-1/10 1/10 1/10 1/10 1/10 1/10 1/10 | | |
| 6 | Remaining underdistributions for 2024. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | 15321 | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2025. Add lines 3 | | | 10 m | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | 1000 | |
| | Excess from 2020 | | | 500 | |
| | Excess from 2021 | | | | State of the state |
| - | Excess from 2022 | | | 198 | TO SELECT STATES |
| | Excess from 2023 | | | | |
| | Fueren from 0004 | | | 150000 | |

Schedule A (Form 990) 2024

| Schedule A | (Form 990) 2024 | NATIONAL CONSUMER LAW CENTER, INC. | 04-2488502 | Page 8 |
|--|--|--|--|--------|
| Part VI | Supplemental Info | rmation. Provide the explanations required by Part II, line 10; 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, 0, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Pad 8; and Part V, Section E, lines 2, 5, and 6. Also complete this page 4. | Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section rt V, line 1; Part V, Section B, line 1e; Part art for any additional information. | |
| | | | B | |
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| | 0-70-70-7 | - Conversion of the Conversion | | |
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432028 01-14-25

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

2024
Open to Public

Inspection

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

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

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

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

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

| Section 50 | 01(c)(4), (5), or (6) organiza | tions: Complete Part III. | | | <u></u> |
|---------------------------------------|--|---|--|--|---|
| Name of organ | nization | | | Emp | loyer identification number (EIN) |
| | | ONSUMER LAW CENTER, INC | | | 04-2488502 |
| Part I-A | Complete if the org | janization is exempt und | ler section 501(c) | or is a section 527 or | rganization. |
| 2 Political o | campaign activity expendit | zation's direct and indirect politi tures ign activities | | , | \$ |
| Part I-B | Complete if the org | janization is exempt und | ler section 501(c) | (3). | |
| 1 Enter the | amount of any excise tax | incurred by the organization un | der section 4955 | ANY | \$ |
| 2 Enter the | amount of any excise tax | incurred by organization manag | ers under section 495 | 5 | \$ |
| | | n 4955 tax, did it file Form 4720 | | | |
| 4a Was a co | rrection made? | | | | Yes No |
| b if "Yes," o | describe in Part IV. | - 10 TESS | | | |
| | | janization is exempt und | | | |
| | | d by the filing organization for se | 40000 | | \$ |
| | 0 0 | ization's funds contributed to o | 100 | | |
| | | A.L.E. 4 10.5. | | | \$ |
| | | . Add lines 1 and 2. Enter here | | | • |
| IIITE 170 | ing organization file Form | 1120-POL for this year? | *************************************** | | Yes No |
| 5 Enter the organizati promptly | names, addresses, and E ion listed, enter the amour | Ns of all section 527 political or nt paid from the filing organization, separate political organization, | ganizations to which the on's funds. Also enter t | ne filing organization made p the amount of political contr | payments. For each ibutions received that were |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | e . | | 2 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 64. | | | | |

LHA 432041 11-17-24

Schedule C (Form 990) 2024

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

| Schedule C (Form 990) 2024 | NATIONAL CONSUM | ER LAW CENTER, INC. | | | 488502 Page 2 |
|--|---|---|--|--|--------------------------------|
| Shandili sontaculi culticamedini co Montel | rganization is exe | mpt under section 5 | 01(c)(3) and filed | Form 5768 (ele | ction under |
| section 501(h)). | | | | | |
| A Check if the filing organ | ization belongs to an af | filiated group (and list in Pa | art IV each affiliated g | roup member's name | e, address, EIN, |
| expenses, and s | hare of excess lobbying | expenditures). | | | |
| B Check if the filing organ | ization checked box A | and "limited control" provis | ions apply. | | T- |
| | mits on Lobbying Expe | enditures ounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to i | nfluence public opinion | (grassroots lobbying) | | 9,891. | |
| b Total lobbying expenditures to i | | | = | 109,057. | |
| c Total lobbying expenditures (ad | | | | 118,948. | |
| d Other exempt purpose expendit | | | | 14,493,854. | |
| e Total exempt purpose expendit | *************************************** | | | 14,612,802. | |
| f Lobbying nontaxable amount. E | | | | 880,640. | |
| IF the amount on line 1e, column (| 1 | the lobbying nontaxable | | | 2000年2月1日 |
| not over \$500,000 | | of the amount on line 1e. | | | |
| over \$500,000 but not over \$1, | | 000 plus 15% of the excess | s over \$500,000. | | |
| over \$1,000,000 but not over \$ | | 000 plus 10% of the excess | | | |
| over \$1,500,000 but not over \$ | | 000 plus 5% of the excess | | | |
| over \$17,000,000 | \$1,000 | | 125 | | 多年的发展性 |
| g Grassroots nontaxable amount | | | 107 | 220,160. | |
| h Subtract line 1g from line 1a. If | | A. | CONTRACTOR OF THE PARTY OF THE | 0. | |
| i Subtract line 1f from line 1c. If a | | | The state of the s | 0. | |
| j If there is an amount other than | | | | | |
| reporting section 4911 tax for t | | <i>All</i> 3 | | | Yes No |
| (Some organization | s that made a section See the sepa | veraging Period Under Se 501(h) election do not ha arate instructions for lines | ve to complete all of s 2a through 2f.) | the five columns be | elow. |
| | Lobbying Exp | enditures During 4-Year | Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| × × | 755 020 | 775 507 | 956 616 | 880,640, | 3 260 773 |
| 2a Lobbying nontaxable amount | 755,930 | 776,587. | 856,616. | 000,040. | 3,269,773 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | 主的情愫 | 4,904,660 |
| c Total lobbying expenditures | 215,273 | 192,273. | 166,655. | 118,948. | 693,149 |
| d Grassroots nontaxable amount | 188,982 | 2. 211,022. | 214,154. | 220,160. | 834,318 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,251,477 |

Schedule C (Form 990) 2024

8,359.

f Grassroots lobbying expenditures

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

| | | (a | 1 | - (1 | b) |
|--------|---|--|---------------------|-----------|-------------|
| | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity. | Yes | No | | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | |
| u h | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| C | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| | D. h.Cr.C. and and the land and and and and and and and and and | | | | |
| 4 | | | | | |
| f | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? | | | | |
| i | Total. Add lines 1c through 1i | | 1886 | | |
| 2 a | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | 100000000000000000000000000000000000000 | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | (46/2017) | and the same of the | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6). | 501(c)(5 |), or sec | tion | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 6.00 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from th | | 355 | | - 63 |
| | t III-B Complete if the organization is exempt under section 501(c)(4), section | | | tion | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | | | | 3, is |
| | answered "Yes." | | | | |
| 1 | Dues, assessments, and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | ne. | | |
| | expenses for which the section 527(f) tax was paid): | | | | |
| а | Current year | | 2a | | |
| | Carryover from last year | | 100 | | |
| c | Total | | | | |
| 3 | A | ********** | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3. | | 100 | | |
| • | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pr | | | | |
| | and the second second | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | | 5 | | |
| Par | | *************** | 5 | | |
| | | | | 101 | |
| | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II-A | Ines 1 a | nd 2 (see | |
| ınstru | ctions); and Part II-B, line 1. Also, complete this part for any additional information. | 70 | | | |
| | | | | | |
| | 70.00 | | | | |
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SCHEDULE D

(Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL CONSUMER LAW CENTER, INC.

Employer identification number 04-2488502

| Par | Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | er Similar Funds | or Ac | COUNTS. Complete if the |
|-----|--|------------------------------|-------------------------|------------|---------------------------------|
| | Significant and the service of the s | | dvised funds | (1 | b) Funds and other accounts |
| 1 | Total number at end of year | | | | 8 |
| 2 | Aggregate value of contributions to (during year) | | | | |
| | 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 w | riting that the asse | ts held in donor advis | sed fund | ls |
| | are the organization's property, subject to the organization's e | | | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | visors in writing the | at grant funds can be | used or | nly |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or f | or any other purpose | conferri | ing |
| | impermissible private benefit? | | | | |
| Par | | | | Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that ap | | | |
| | Preservation of land for public use (for example, recreati | on or education) | 9553 | | orically important land area |
| | Protection of natural habitat | | Preservation of | of a certi | fied historic structure |
| | Preservation of open space | -10 | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | ed conservation co | ntribution in the form | of a co | |
| | day of the tax year. | | | > | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | | 2a |
| b | · | - NOVE DESCRIPTION - APPLIED | | | 2b |
| С | Number of conservation easements on a certified historic structure | | | | 2c |
| d | Number of conservation easements included on line 2c acquir | | | | |
| | on a historic structure listed in the National Register | | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished | d, or terminated by th | e organi | zation during the tax |
| | year | Mil | | | |
| 4 | Number of states where property subject to conservation ease | | | - | |
| 5 | Does the organization have a written policy regarding the period | | | | |
| | violations, and enforcement of the conservation easements it | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violation | ns, and enforcing cor | iservatio | on easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handle | ing of violations, a | nd enforcing conserv | ation ea | sements during the year |
| • | | | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirer | ments of section 170(| h)(4)(B)(i | |
| | and section 170(h)(4)(B)(ii)? | | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | | |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organiza | tion's financial staten | nents th | at describes the |
| | organization's accounting for conservation easements. | | | | |
| Pa | t III Organizations Maintaining Collections of | | | itner S | olmilar Assets. |
| | Complete if the organization answered "Yes" on Form | | | امط امما | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | | | | |
| | of art, historical treasures, or other similar assets held for pub | | | | nce of public |
| | service, provide in Part XIII the text of the footnote to its finan | | | | a about warks of |
| b | If the organization elected, as permitted under FASB ASC 958 | | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, educati | ion, or research in fur | trierance | e of public service, |
| | provide the following amounts relating to these items. | | | | * |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | |
| | | | | | |
| 2 | If the organization received or held works of art, historical trea | | | ıaı gaın, | provide |
| | the following amounts required to be reported under FASB A | | | | ¢ |
| a | Revenue included on Form 990, Part VIII, line 1 | | | | 2 1000 and a |
| b | Assets included in Form 990, Part X | | | | <u></u> \$ |

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

Schedule D (Form 990) (Rev. 12-2024)

| | dule D (Form 990) (Rev. 12-2024) NATIONAL C | | | | | 488502 | F | Page 2 |
|--------------|---|--|-------------------------|---|--------------------------|------------------|-----------|--------|
| Pai | t III Organizations Maintaining Co | ollections of Art | <u>, Historical Tre</u> | asures, or Oth | er Similar Asse | ts (conti | nued) | |
| 3 | Using the organization's acquisition, accession | n, and other records | , check any of the f | ollowing that make | significant use of its | s | | |
| | collection items (check all that apply). | | | 8 | | | | |
| а | Public exhibition | d | Loan or excl | hange program | | | | |
| b | Scholarly research | е | Other | | | | | |
| C | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's col | lections and explain | how they further th | e organization's ex | cempt purpose in Pa | rt XIII. | | |
| 5 | During the year, did the organization solicit or | receive donations of | f art, historical treas | ures, or other simi | lar assets | | | |
| | to be sold to raise funds rather than to be mai | ntained as part of th | e organization's col | lection? | | Yes | | No |
| Pai | t IV Escrow and Custodial Arrang | | e if the organization | answered "Yes" o | n Form 990, Part IV, | , line 9, or | | |
| | reported an amount on Form 990, Part | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | | • | | _ | | _ | _ |
| | on Form 990, Part X? | | | | L | Yes | L | _ No |
| b | If "Yes," explain the arrangement in Part XIII a | nd complete the follo | owing table: | | | | | |
| | | | | | | Amoun | it | |
| C | 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 Fo | rm 990, Part X, line 2 | 21, for escrow or cu | stodial account lia | bility? | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | , | | |
| Par | t V Endowment Funds Complete if t | | wered "Yes" on For | m 990, Part IV, line | 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years bac | k (e) Fou | r years | back |
| 1a | Beginning of year balance | 11,371,999. | 10,248,002. | 11,495,353 | . 10,677,366 | ; <u> </u> | ,915, | 770. |
| b | Contributions | 27,721. | 33,012. | 98,269 | . 462,448 | }. | 384, | 517. |
| С | Net investment earnings, gains, and losses | 791,930. | 1,090,985. | -1,345,620 | . 355,539 | | 377, | 079. |
| d | Grants or scholarships | | Agent William | | | | | |
| е | Other expenditures for facilities | | | | 22 | | | |
| | and programs | No. of Concession, Name of Street, or other Persons, Name of Street, or ot | DA VOA | | | 1. | | |
| f | Administrative expenses | | VA. VA | | | | | |
| а | End of year balance | 12,191,650. | 11,371,999. | 10,248,002 | . 11,495,353 | . 10 | 677 | 366. |
| 2 | Provide the estimated percentage of the curre | nt vear end balance | (line 1g. column (a) |) held as: | | | | |
| а | Board designated or quasi-endowment | 7400 | % | , | | | | |
| b | Permanent endowment | % | | | | | | |
| G | Term endowment 9/ | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | \$50) | | | | | | |
| 3a | Are there endowment funds not in the posses | E | ion that are held an | d administered for | the | | | |
| Ų. | organization by: | Ay | ion that are mora an | a danimiotoroa ioi | | 1 | Yes | No |
| | (i) Unrelated organizations? | THE STATE OF THE S | | | | | 100 | X |
| | | | | | | | | Х |
| b | If "Yes" on line 3a(ii), are the related organizati | ione lietad ae raquira | ud.on Schedule R2 | | ••••• | Ja(11) | | - |
| 4 | Describe in Part XIII the intended uses of the | | | • | ••••• | 3b | | L |
| | t VI Land, Buildings, and Equipme | | ment lunus. | | | | | |
| | Complete if the organization answered | | Part IV line 11a S | ee Form 990 Part | X line 10 | | | |
| | <u></u> . | | <u> </u> | | · | (d) Pag | le ventee | |
| | Description of property | (a) Cost or ot basis (investm | 1 '' | 1 101 | Accumulated depreciation | (d) Boo | k valu | ie |
| | Lond | | Dasis (| (Julion) | a opioolation | | | |
| | Land | | | AND DESCRIPTION OF THE PERSON | | | — | |
| | Buildings | | - | 229 105 | 151 610 | | - 20 | FOF |
| | Leasehold improvements | | 4 | 228,195. | 151,610. | | | 585. |
| d | Equipment | | 1 | ,640,291. | 827,576. | | 812, | 715. |
| | Other | | | | | | 000 | 200 |
| <u>Total</u> | . Add lines 1a through 1e. <i>(Column (d) must ea</i> | ual Form 990. Part X | (. line 10c. column | (B)) | | | | 300. |
| | | | | | Schedule D (Forr | n 990) (Re | v. 12- | 2024) |

| Part VII Investments - Other Securities | 5 | dl. Con Farm 000 Dark V line 10 | |
|--|-----------------------------|--|-----------------------|
| Complete if the organization answered "Yes" of (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | of-year market value |
| | (b) book value | (o) Method of Valuation. Cook of one | or your marror value |
| (1) Financial derivatives (2) Closely held equity interests | | *************************************** | - |
| (3) Other | | | - |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | A _U | |
| (E) | | | |
| (F) | | | |
| (G) | | <u> </u> | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | 10世界第2年,是政体等3年,在1900 | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | U. | | |
| (5) | | | |
| (6) | A 137 X | | |
| (7) | All | 10.0 | |
| (8) | 2007 N | 2 | |
| (9) | NES, 28 | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" | on Form 990 Part IV line | 11d Soo Form 990 Part Y line 15 | |
| | Description | Tid. Gee Form 990, Part A, line 13. | (b) Book value |
| | A | | (2) |
| (1) | CIA AT | | |
| (2) | Walking St. | | |
| (3) | | | |
| (4) | WA. | | |
| (6) | | | |
| (7) | A | The state of the s | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co | I. (B)) | | |
| 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) OPERATING LEASE LIABILITY | | | 387,408. |
| (3) | | | 11 |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. line 25. co | I. (B)) | | 387,408. |
| 2. Liability for uncertain tax positions. In Part XIII, provide | the text of the footnote to | the organization's financial statements t | hat reports the |
| organization's liability for uncertain tax positions under | | | |

Schedule D (Form 990) (Rev. 12-2024)

| Sche | edule D (Form 990) (Rev. 12-2024) NATIONAL CONSUMER LAW CENTER, INC | | 04-2488502 | Page 4 |
|--------|---|--|---------------------------------------|-------------|
| | rt XI Reconciliation of Revenue per Audited Financial State | ements With Revenu | ue per Return | · ugo |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | |
| a | Net unrealized gains (losses) on investments | | | |
| b | Donated services and use of facilities | | AQ# | |
| C | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) Add lines 2a through 2d | | 00 | |
| е 3 | | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | ****************************** | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stat | tements With Expen | ses per Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 0 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | Andrew Control of the | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | <i>A</i> | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIII.) Add lines 4a and 4b | | 525 20 | |
| 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. | | | |
| - | t XIII Supplemental Information |) | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV. lines 1b and 2b: F | Part V line 4: Part X line 2: Part | ΧI |
| | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | | are v, 1110 1,1 are 21, 1110 2, 1 are | 741, |
| | X, LINE 2: | | | |
| THE | AGENCY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDA | NCE WITH ASC | | |
| TOPI | C, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING F | OR | | |
| UNCE | RTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRE | SHOLD AND | | |
| MEAS | UREMENT ATTRIBUTE FOR THE CONSOLIDATED FINANCIAL STATEMENT | 'S REGARDING | | |
| A TA | X POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. | THE AGENCY | | |
| | DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH | | | |
| | ER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL | | | |
| | ECEMBER 31, 2024. THE AGENCY'S INFORMATIONAL TAX RETURNS A | RE SUBJECT | | |
| ro E | XAMINATION BY THE FEDERAL AND STATE JURISDICTIONS. | | | |
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| School to D. (Form 990) (Poy 12.2024) NATIONAL CONSUMER LAW CENTER, INC. | 04-2488502 | Page 5 |
|--|-------------|-------------|
| Schedule D (Form 990) (Rev. 12-2024) NATIONAL CONSUMER LAW CENTER, INC. Part XIII Supplemental Information (continued) | | |
| Part Aiii Supplemental information (continued) | | |
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Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL CONSUMER LAW CENTER INC.

Employer identification number 04-2488502

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

| | | (B) Breakdown of W- | -2 and/or 1099-MISC and/or 1099-NEC compensation | and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|-------------------------------|----------|--------------------------|--|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) RICHARD DUBOIS | Ξ | 278,750. | 0. | 0 | 13,426. | 35,249. | 327,425. | 0. |
| EXECUTIVE DIRECTOR | : 🗉 | 0. | 0 | 0 | 0. | 0. | 0. | 0 |
| (2) CAROLYN CARTER | Ξ | 237,471. | 0. | 0. | 9,109. | 14,653. | 261,233. | 0. |
| DEPUTY DIRECTOR | E | 0. | 0. | 0. | 0 | 0. | 0. | 0. |
| (3) STEPHEN HURLEY | Ξ | 206,729. | 0 | 0 | 6,939. | 35,249. | 248,917. | 0. |
| 띮 | : 🗉 | 0. | 0. | .0 | 0. | 0. | 0. | |
| (4) MARGARET KOHLER | Ξ | 204,883. | 0 | .0 | 7,935. | 35,249. | 248,067. | 0. |
| CHIEF FINANCIAL OFFICER | : 8 | 0 | 0. | .0 | 0. | 0. | 0. | 0. |
| (5) KAREN LUSSON | Ξ | 188,794. | 0 | .0 | 5,350. | 26,942. | 221,086. | 0. |
| SENIOR ATTORNEY | : (3) | 0 | 0 | 0 | 0 | 0. | 0. | 0. |
| (6) MARGOT SAUNDERS | ε | 196,922. | 0. | 0 10 10 | 6,992. | 15,647. | 219,561. | 0. |
| SENIOR ATTORNEY | E | 0 | 0. | W. W. O. | 0. | .0 | 0. | |
| (7) JEREMIAH BATTLE | Ξ | 185,603. | 0 | .0 | 6,262. | 25,455. | 217,320. | 0. |
| SENIOR ATTORNEY | | 0. | 0 | .0 | 0 | .0 | 0. | 0. |
| (8) SVETLANA LADAN | Ξ | 170,813. | 0.0 | .0 | 8,221. | 35,249. | 214,283. | 0. |
| DIRECTOR OF OPERATIONS AND IT | | 0 | 0. | 0. | .0 | 0. | 0. | 0. |
| (9) SHENNAN KAVANAGH | Ξ | 185,765. | 0 | 0. | 0 | 23,727. | 209,492. | 0. |
| DIRECTOR OF LITIGATION | E | 0. | · 0 | 0. | 0 | .0 | | |
| (10) LAUREN SAUNDERS | Ξ | 198,540. | 0 | 0. | 7,182. | 732. | 206,454. | 0. |
| ASSOCIATE DIRECTOR | | 0 | .0 | 0. | 0 | 0. | 0. | 0. |
| (11) OLIVIA WEIN | Ξ | 193,050. | 1,000. | .0 | 6,733. | 732. | 201,515. | 0. |
| SENIOR ATTORNEY | = | .0 | 0. | 0. | 0. | 0. | | 0. |
| (12) MICHELLE BATES DEAKIN | Ξ | 192,677. | 0. | 0. | 3,342. | 732. | 196,751. | 0. |
| CHIEF COMMUNICATIONS OFFICER | | 0 | 0 | 0. | 0 | 0. | 0. | 0. |
| (13) JONATHAN SHELDON | Ξ | 145,064. | 0. | 0. | 14,267. | 25,416. | 184,747. | 0. |
| PUBLISHER STAFF ATTORNEY | : = | 0 | 0. | 0. | 0. | 0. | 0. | 0. |
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432113 01-15-25

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE 0 (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

04-2488502

Name of the organization

NATIONAL CONSUMER LAW CENTER, INC.

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

THE NATIONAL CONSUMER LAW CENTER WORKS FOR CONSUMER JUSTICE AND

ECONOMIC SECURITY FOR LOW-INCOME AND OTHER DISADVANTAGED PEOPLE IN THE

THROUGH ITS EXPERTISE IN POLICY ANALYSIS AND ADVOCACY

LITIGATION, EXPERT WITNESS SERVICES PUBLICATIONS AND TRAINING

SINCE 1969. THE NONPROFIT NATIONAL CONSUMER LAW CENTER (NCLC) HAS USED ITS EXPERTISE IN CONSUMER LAW AND ENERGY POLICY TO WORK FOR CONSUMER JUSTICE AND ECONOMIC SECURITY FOR LOW-INCOME AND OTHER DISADVANTAGED PEOPLE. NCLC'S EXPERTISE INCLUDES POLICY ANALYSIS AND ADVOCACY; CONSUMER LAW AND ENERGY PUBLICATIONS; LITIGATION AND EXPERT WITNESS SERVICES; AND TRAINING AND ADVICE FOR ADVOCATES. NCLC WORKS WITH NONPROFIT AND LEGAL SERVICES ORGANIZATIONS PRIVATE ATTORNEYS

POLICYMAKERS, AND FEDERAL AND STATE GOVERNMENT AND COURTS ACROSS THE

NATION TO STOP EXPLOITATIVE PRACTICES. HELP FINANCIALLY STRESSED

FAMILIES BUILD AND RETAIN WEALTH, AND ADVANCE ECONOMIC FAIRNESS,

NCLC ATTORNEYS ARE WIDELY RECOGNIZED AS LEADING NATIONAL EXPERTS IN CONSUMER CREDIT, BANKING, HOME ENERGY, HOUSING, DEBT COLLECTION, AND OTHER AREAS OF CRITICAL IMPORTANCE TO LOW-INCOME FAMILIES. NCLC IS A 501(C)(3) NONPROFIT ORGANIZATION WITH OFFICES IN BOSTON, MASSACHUSETTS AND WASHINGTON, D.C., WITH MORE THAN 60 STAFF MEMBERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: HOUSING, MORTGAGE AND AUTO LENDING THAT LEADS TO HIGHER RATES OF POVERTY, LACK OF HOUSING, A PERSISTENT WEALTH GAP, AND COMMUNITY DISINVESTMENT

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: MEDICAL DEBT; FORCED ARBITRATION; JUNK FEES; EXCESSIVE STUDENT LOAN DEBT; AND UNFAIR AND DECEPTIVE DEBT COLLECTION PRACTICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: AND IN ONLINE TRAININGS, NCLC TRAINED MORE THAN 11,135 ADVOCATES IN 2024. NCLC LITIGATES CONSUMER LAW CASES ON BEHALF OF ITS LOW-INCOME AND PROVIDES EXPERT WITNESS SERVICES AND CONSULTING ON CONSUMER LAW AND UTILITY ISSUES.

FORM 990 PART VI SECTION B LINE 11B:

THE 990 IS SENT BY THE PREPARER VIA EMAIL AND IS REVIEWED AND REVISED BY THE FINANCE COMMITTEE BEFORE IT IS FILED. THE FULL BOARD OF DIRECTORS ALSO RECEIVES A COPY.

FORM 990 PART VI SECTION B, LINE 12C:

EVERY YEAR, BOARD MEMBERS ARE CALLED UPON TO MAKE FULL CONFLICT OF INTEREST

DISCLOSURES AT THE BOARD'S ANNUAL MEETING. THE EXECUTIVE DIRECTOR IS

RESPONSIBLE FOR PUTTING THIS ITEM ON THE MEETING AGENDA AND THE BOARD

MEMBER AFFIRMS THEIR DISCLOSURE IN RESPONSE TO AN EMAIL SENT BY THE CHIEF

FINANCIAL OFFICER

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

| Schedule O (Form 990) 2024 | Page 2 |
|--|--|
| Name of the organization | Employer identification number |
| NATIONAL CONSUMER LAW CENTER, INC. | 04-2488502 |
| EVERY 3 YEARS, NCLC CONTRACTS WITH AN OUTSIDE PROFESSIONAL SALARY | · · · · · · · · · · · · · · · · · · · |
| CONSULTANT FIRM TO DO A SALARY COMPARABILITY STUDY. THE BOARD APPROVES THE | |
| RESULTS OF THE STUDY AND SALARIES FOR ALL STAFF (INCLUDING THE EXECUTIVE | |
| DIRECTOR AND OTHER KEY EMPLOYEES) ARE SET ACCORDINGLY. | |
| | |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: | · |
| AL, AK, AR, CA, CO, CT, IL, MD, MA, MI, MN, MS, NJ, NY, NV, ND, OH, OR, PA, RI, TN, UT, VA, WV, WA | |
| WI,DC,FL | |
| ##, ##, ## | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON | 2 |
| | |
| REQUEST. | |
| | |
| FORM 990, PART XII, LINE 2C | |
| THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. | |
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SCHEDULE R (Rev. January 2025) (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 04-2488502

entity

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> Total income 0 Go to www.irs.gov/Form990 for instructions and the latest information. Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity NATIONAL CONSUMER LAW CENTER, INC. Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Parti PartII

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | Section 512(b)(13) controlled entity? | 2(b)(13) led ? |
|--|-------------------------|---|-------------------------------|---------------------------------------|-------------------------------|---------------------------------------|----------------------|
| | | | | 501(c)(3)) | | Yes | № |
| CONSUMER LAW BUILDING CORPORATION - | | | | | | | |
| 26-1951595, 7 WINTHROP SQUARE, 4TH FLOOR, | TO OWN AND DEVELOP 7 | | | | NATIONAL CONSUMER | | |
| BOSTON, MA 02110 | WINTHROP SQUARE | MASSACHUSETTS | 501(C)(3) | LINE 12A, I | LAW CENTER | | × |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) NATIONAL CONSUMER LAW CENTER, INC.

Page 2

04-2488502

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

Part III

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Yes 9 Code V-UBI amount in box " 20 of Schedule — K-1 (Form 1065) N \equiv Disproportionate Yes No allocations? Ξ Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Direct controlling Ð (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u> Part IV

Yes No (i) Section 512(b)(13) controlled Percentage ownership Ξ Share of end-of-year assets <u>(6</u> Share of total income Type of entity (C corp, S corp, or trust) (e) Direct controlling entity 包 Legal domicile (state or foreign country) 0 Primary activity 9 Name, address, and EIN of related organization (a)

432162 10-23-24

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1.2025) NATIONAL CONSUMER LAW CENTER, INC.

| Section 1 of the section of the second of th | | | | Yes No |
|--|---|------------------------------|---|--|
| Note: Complete life II any elluty is instead in reasonable and a service with one or more related organizations listed in Parts II-V? | with one or more rel | ated organizations listed in | Parts II-IV? | |
| 1 During the tax year, did the organization engage in any or the rollowing damaged in | | | 6 | × |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | × |
| b Giff. grant, or capital contribution to related organization(s) | *************************************** | | QI | t |
| Gift grant or capital contribution from related organization(s) | *************************************** | | 10 | 4 |
| | | | 14 | × |
| d Loans or loan guarantees to or for related organization(s) | | | • | × |
| e Loans or loan guarantees by related organization(s) | | | | |
| | | N | | * |
| f Dividends from related organization(s) | | | | 4 3 |
| Calo of accept to related organization(s) | | | 19 | 4 |
| | | | = | × |
| h Purchase of assets from related organization(s) | | | - | × |
| i Exchange of assets with related organization(s) | *************************************** | | | × |
| Lease of facilities, equipment, or other assets to related organization(s) | | | | The state of the s |
| | | | | > |
| k Lease of facilities equipment or other assets from related organization(s) | | | 4 | 4 |
| | ization(s) | | = | × |
| remoining to service of services of the servic | zation(e) | | # 1 | × |
| m Performance of services or membership or fundraising solicitations by related organization (s) | zation(s) | | _ | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | n(s) | | 4 | × |
| o Sharing of paid employees with related organization(s) | | | 2 | STATES OF STREET |
| | | A | | |
| Desirable report of the related organization(s) for expenses | | | 10 | × |
| | | | 10 | × |
| q Reimbursement paid by related organization(s) for expenses | | | | Talks birgs |
| | | | - | × |
| | | | S | × |
| s Other transfer of cash or property from related organization(s) | | | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and darisación directions. | o must complete th | is line, including covered r | elationships and transaction arrestions. | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | |
| AA CONSTINER LAW RIILDING CORPORATION | æ | 211,067. | PAIR MARKET VALUE | |
| | | | | |
| (2) CONSUMER LAW BUILDING CORPORATION | M | 316,304. | FAIR MARKET VALUE | |
| (A) CONSUMER LAW BUILDING CORPORATION | υ | 1,200,000. FAIR | PAIR MARKET VALUE | |
| (2) | | | | |
| (4) | | | | |
| | | | | |
| (2) | | | | |
| | | | | |
| 10000 to 00 04 | 2 | | Schedule R (Form 990) (Rev. 1-2025) | Rev. 1-2025) |

Page 4

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

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

| of entity | | (c) | (b) | | (J) | (6) | (3) | (1) | 8 | 3 |
|-----------|-----------------|----------------------------|--|----------------------------|-----------------------|-----------------------------------|-------------------------------|---|------------------------------|-------------------------|
| | rimary activity | (state or foreign country) | Predominant income pant (related, 50 excluded from tax under 0 sections 512-514) | 6r 501(c)(3) (6r Ves No in | Share of total income | Share of end-of-year assets | Disproportionate allocations? | Dispropute Code V-UBI General or Percentage allocations of Schedule K-1 partner overeship Yes No. | General or managing partner? | Percentage ownership |
| | | | = | | 2) | | | | | ₆₅ = |
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|---|-------------|--------|
| Schedule R (Form 990) (Rev. 1-2025) NATIONAL CONSUMER LAW CENTER, INC. Part VII Supplemental Information | | |
| Provide additional information for responses to questions on Schedule R. See instructions. | | |
| Provide additional information for responses to questions on Schedule N. See instructions. | | |
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Form **8868**

(Rev. January 2025)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or Print NATIONAL CONSUMER LAW CENTER, INC. 04-2488502 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 7 WINTHROP SQUARE, 4TH FLOOR instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02110-1006 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 **Application Is For** Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF Form 6069 04 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 80 Form 990-T (governmental entities) 15 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MARGARET KOHLER 7 WINTHROP SQUARE, 4TH FLOOR - BOSTON, MA 02110-1006 Telephone No. 617-542-8010 Fax No. • 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. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 24 or _____ , 20 _____ , and ending ____ tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0.