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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Form **990** (2009)

OMB No 1545-0047

<u>A</u>	For the	e 2009 ca	lendar year, or tax year beginning and ending		
В	Check if applicabl	Please use IRS	C Name of organization	D Employer identific	cation number
	Addre	ss label or	NATIONAL ACADEMY OF ELDER LAW ATTORNEYS		
	Name chang	bine of	Doing Business As	86-0	620517
F	Initial return Termin	n- Specific	Number and street (or P 0 box if mail is not delivered to street address) Room/su 1577 SPRING HILL ROAD 220		942-5711
F	ated Amen	Instruc- ded tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,463,969.
	return Applic tion		VIENNA, VA 22182	H(a) is this a group re	
_	pendii		ne and address of principal officer:PETER WACHT	for affiliates?	Yes X No
			E AS C ABOVE	H(b) Are all affiliates inc	
ī.	Тах-ех		us: X 501(c) (6		list. (see instructions)
			W.NAELA.ORG	H(c) Group exemption	
		forganization			State of legal domicile OR
	art I	Summ	ary		
e			scribe the organization's mission or most significant activities: TO EDUCA!	re elder and	SPECIAL
Activities & Governance			LAW ATTORNEYS.		
er.	1	Check the		1 1	
્ટ્ર	1		of voting members of the governing body (Part VI, line 1a)	3	25
જ	1		of independent voting members of the governing body (Part VI, line 1b)	4	25
ties	1		ber of employees (Part V, line 2a)	. 5	8
ξ	1		ber of volunteers (estimate if necessary)	6	
ĄĊ	1	•	s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrela	ated business taxable income from Form 990-T, line 34	7b	
				Prior Year 9,178.	Current Year 25,474.
9	1		ions and grants (Part VIII, line 1h)	2,380,584.	2,365,859.
Revenue	1	-	service revenue (Part VIII, line 2g)	18,995.	4,651.
æ	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)	106,392.	67,985.
	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,515,149.	2,463,969.
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,313,143.	2,403,303.
	1		Id similar amounts paid (Part IX, column (A), lines 1-3)		
"	1		paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5-10)		627,477.
Expenses	162		nal fund raising fees (Part IX, column (A), lines 3-10)		02171110
ē	.uu		draising expenses (Part IX, column (D), line (25)		
Ж	17		penses (Part X, column (A), lines 11a-1 (2) 1f-24f)	3,042,767.	1,376,681.
			enses. Add lines 13 17 (must equal Part (X column (A), line 25)	3,042,767.	2,004,158.
	119	Revenue	less expenses. Subtract line 18 from line 12	<527,618.	
200	3			Beginning of Current Year	End of Year
sets	20	Total asse	ets (Part X, line & GDEN, UT	900,585.	1,706,948.
AAS	21	Total liabi	lities (Part X, line 26)	896,450.	1,243,002.
Net Assets or Fund Balances	22		s or fund balances. Subtract line 21 from line 20	4,135.	463,946.
P	art II	Signa	ture Block		
		Under pena and comple	ulties of penury, I declare that I have examined this return, including accompanying schedules and statemente Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	its, and to the best of my knowled dge	ge and belief, it is true, correct,
٥.			00 1 =	niain	•
Sig		Sign	pature of officer	Date	<u> </u>
He	re	DE	TER WACHT, EXECUTIVE DIRECTOR	5510	
			e or print name and title		
_		Preparer's	Date		er's identifying number
Pai		signature	Debrus h. Word 11/8/10	self- employed	structions)
	parers	Firm's name	o (or TATE AND TRYON	EIN ►	
Use	Only	yours if self-employ	805 15TH STREET, NW SUITE 900		
		address, an ZIP + 4	WASHINGTON, DC 20005	Phone no > (202)293-2200
Ma	v the II		s this return with the preparer shown above? (see instructions)		Yes No

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

SCANNED DEC 0 2 2010

932002 02-04-10

4e Total program service expenses > \$

Par	t IV Checklist of Required Schedules									
•			Yes	No						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?									
	If "Yes," complete Schedule A	1		X						
2	Is the organization required to complete Schedule B, Schedule of Contributors?									
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for									
	public office? If "Yes," complete Schedule C, Part I	3		X						
4										
5										
-	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III									
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to									
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I									
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,									
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete									
_	Šchedule Ū, Part III	8		X						
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide									
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х						
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?									
	If "Yes," complete Schedule D, Part V	10		Х						
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X		·							
	as applicable	11	Х							
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,									
	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									
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.									
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total									
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.									
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	•								
	Part X, line 16? If "Yes," complete Schedule D, Part IX.									
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.									
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	•								
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.									
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete									
	Schedule D, Parts XI, XII, and XIII.	12	ļ	X						
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?									
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<u> </u>		<u> </u>						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X						
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,									
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization									
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals									
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,						
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	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	-	X						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"									
	complete Schedule G, Part III	19		X						
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X						

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•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did.the.organization.report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			_
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			}
	Schedule K. If "No", go to line 25	24a		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	Α
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	N/	Α
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			1
	If "Yes," complete Schedule R, Part V, line 2	35		X
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	N/	Α
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			_
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
-		Form	990	(2009)

1. 151	CA Statements Regarding Other Into Limigs and Tax Compliance				V	NI-
•	5				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4.	18			
	U.S. Information Returns. Enter -0- if not applicable	1a 1b				
	Enter the number of Forms W-2G included in line 1a. Enter_0- if not applicable	ستنب	ble gaming			-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	эрона	ble garling	1c	Х	
0-	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1				
28	filed for the calendar year ending with or within the year covered by this return	2a	8			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.			2b	Х	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		ctions)			***********
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	itv over. a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
h	If "Yes," enter the name of the foreign country:		•	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	•	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders					
	Tax Shelter Transaction?			_5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anızatıon solicit		ŀ	١
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions c	r gifts			
	were not tax deductible?		37 / 7	<u>6b</u>	ļ	
7	Organizations that may receive deductible contributions under section 170(c).		N/A	Ì		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services	7-		
	provided to the payor?	•		7a	ł	 -
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		u una d	7b	 	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uirea	7c		
.4	to file Form 8282?	7d	i	<u> </u>	ļ	†
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page 1.		al	1		
е	benefit contract?	501301	ıaı	7e	Ì	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
'	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		equired?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc		usiness holdings			
	at any time during the year?		N/A	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.		4-			
а	Did the organization make any taxable distributions under section 4966?		N/A	9a	-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b	ļ	
10	Section 501(c)(7) organizations. Enter:	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a		1		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	1	1	1		
a		11a		1		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
40-	amounts due or received from them.)	11b	2	12a		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1	1
D	ir res, enter the amount of tax-exempt interest received or accrued during the year	120		Forn	990	(2009)

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

Sec	tion A. Governing Body and Management			· I						
		a 25	:	Yes	No					
	Enter the number of voting members of the governing body 1	1 2		1						
	Enter the number of voting members that are independent	 	4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	tn any otner			X					
_	officer, director, trustee, or key employee?		2							
3	Did the organization delegate control over management duties customarily performed by or under the di	rect supervision	3	1	X					
	of officers, directors or trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a material diversion of the organization's assets?		6	х	<u>X</u>					
6	· · · · · · · · · · · · · · · · · · ·									
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ers of the		.,						
	governing body? .		7a	X						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person		7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur	ing the year								
	by the following:									
а	The governing body?		8a	X						
b	Each committee with authority to act on behalf of the governing body?		8b_	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ed at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> </u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code.)								
				Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?		10a	X						
	If "Yes," does the organization have written policies and procedures governing the activities of such cha	pters, affiliates,								
	and branches to ensure their operations are consistent with those of the organization?		10b	X						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing	the form?	11	X						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a			12a	X						
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise									
	to conflicts?	•	12b	X						
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s." describe								
	In Schedule O how this is done	,	12c	X						
13	Does the organization have a written whistleblower policy?		13	Х						
14	Does 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 b	v independent	***************************************		***************************************					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,								
•	The organization's CEO, Executive Director, or top management official		15a	Х						
a			15b	Х						
Ь	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				**********					
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a								
. va	taxable entity during the year?		16a	[X					
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalua	te its participation								
D	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization									
		Landii d	16b	<u>'</u>						
<u></u>	exempt status with respect to such arrangements?		100							
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OR	· · · · · · · · · · · · · · · · · · ·								
17		01(a)(3)a anh) availah	a for							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5	o i copos oriny available	0 101							
	public inspection. Indicate how you make these available. Check all that apply.									
	Own website Another's website X Upon request	Diet of Internet - steer	00d fi -	noid						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, confi	nict of interest policy,	ano iina	anciai						
	statements available to the public.		i b							
20	State the name, physical address, and telephone number of the person who possesses the books and	records of the organiz	ation:	_						
	THE ORGANIZATION - (703) 942-5711									
	1577 SPRING HILL ROAD, SUITE 220, VIENNA, VA 22182			990	0000					
			FORM	293U	701					

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(Ä) Name and Title	(B) Average	<u> </u>		Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	ec estructional frustee	c all 1		Highest compensated Co		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
STEPHEN SILVERBERG		,,		,,						_
PRESIDENT	2.00	Х		X	 			0.	0.	0.
RUTH PHELPS PRESIDENT - ELECT	2.00	X		x				0.	0.	0.
ED BOYER	2.00			Α.	-			0.	U •	· ·
VICE PRESIDENT	2.00	X		x				0.	0.	0.
GREGORY FRENCH	2.00	^		^	-	\vdash	┢	0.	0.	- 0.
TREASURER	2.00	х		Х				0.	0.	0.
HOWARD KROOKS	2.00	-			\vdash					
SECRETARY	2.00	Х		х				0.	0.	0.
CRAIG REAVES			<u> </u>							
IMMEDIATE PAST PRESIDENT	2.00	Х		Х	l			0.	0.	0.
MARK SHALLOWAY										_
PAST PRESIDENT	2.00	X		X				0.	0.	0.
RICHARD COURTNEY	·									
DIRECTOR	2.00	X						0.	0.	0.
TIMOTHY CRAWFORD										
DIRECTOR	2.00	X						0.	0.	0.
A. KIMBERLEY DAYTON									_	
DIRECTOR	2.00	X		_	_	_		0.	0.	0.
ROBERT FLEMING										
DIRECTOR	2.00	X	_			_	_	0.	0.	0.
BRADLEY FRIGON		١.,								
DIRECTOR	2.00	X	<u> </u>			_	_	0.	0.	0.
SHARON KOVACS GRUER	2.00	X						0.	0.	0.
DIRECTOR NANCY GIBSON	2.00	^	 -					· · · · · · · · · · · · · · · · · · ·	0.	
DIRECTOR	2.00	X						0.	0.	0.
HYMAN DARLING	2.00	^		_		\vdash		· ·	0.	<u> </u>
DIRECTOR	2.00	x					ļ	0.	0.	0.
FRANCHELLE MILLENDER	2.00	<u> </u>	\vdash			\vdash			•	<u></u>
DIRECTOR	2.00	x				ĺ		0.	0.	0.
RAJIV NAGAICH		† 	\vdash	\vdash	\vdash	\vdash		†		<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
M2007 M 04 10								<u>. </u>		Form 990 (2009)

932007 02-04-10

Form **990** (2009)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) (E) Average Name and title **Position** Reportable Reportable Estimated (check all that apply) compensation hours compensation amount of per from from related other the organizations compensation week (W-2/1099-MISC) organization from the ndividual trustee or (W-2/1099-MISC) organization and related Officer Officer organizations DENNIS SANDOVAL DIRECTOR 2.00 X 0. 0. 0. WENDY SHEINBERG 2.00 X 0. 0 0. DIRECTOR KRISTI VETRI 0. 0. 0. 2.00 X DIRECTOR KATHLEEN WHITEHEAD 2.00 X 0. 0. 0. DIRECTOR SHIRLEY WHITENACK 2.00 | X 0. 0. 0. DIRECTOR DORIS HAWKS 0. 2.00 X 0. 0. DIRECTOR MICHAEL LORING DIRECTOR 2.00 X 0. 0. 0. EDWARD ZETLIN 2.00 X 0. 0. 0. DIRECTOR PETER WACHT 170,692. 0 EXECUTIVE DIRECTOR 40.00 X ١x 0. 0. 0. 170,692. 1b Total

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

Yes No X 3 X

X

line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(B)	(C) Compensation
	Compensation
1	142 010
CONSULTING	142,810.
MANAGEMENT FEES	130,314.
ACCOUNTING	110,503.
	PUBLIC POLICY CONSULTING MANAGEMENT FEES

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Form 990 (2009)

3

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 0	Grants and other assistance to governments and `				
C	organizations in the U.S. See Part IV, line 21				
2 (Grants and other assistance to individuals in				
t	he U.S. See Part IV, line 22				
3 (Grants and other assistance to governments,				
c	organizations, and individuals outside the U.S.				
5	See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	rustees, and key employees	180,793.			
6 Ü	Compensation not included above, to disqualified	ļ			
p	persons (as defined under section 4958(f)(1)) and				
ŗ	persons described in section 4958(c)(3)(B)	361,347.			
7 (Other salaries and wages				
8 F	Pension plan contributions (include section 401(k)	1			
a	and section 403(b) employer contributions)	8,207.			
9 (Other employee benefits	40,287.			
10 F	Payroll taxes	36,843.			
11 F	Fees for services (non-employees):				
a l	Management				
b l	Legal	30,744.			
c /	Accounting .	126,751.			
d l	Lobbying				
e l	Professional fundraising services. See Part IV, line 17 ota				<u></u>
f	nvestment management fees				
g (Other	322,137.			
12 /	Advertising and promotion	22,366.			
13 (Office expenses	166,535.			
14 1	Information technology .	90,983.			
15	Royalties	40.546			
16 (Occupancy .	48,546.			
	Travel .	144,717.			
18	Payments of travel or entertainment expenses				
1	for any federal, state, or local public officials	100 704			
19 (Conferences, conventions, and meetings	138,704.			
	Interest				
	Payments to affiliates	2 202			
22	Depreciation, depletion, and amortization	2,882.			
	Insurance	2,167.			
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	AUDIO VISUAL EQUIPMENT	54,862.			
	MISCELLANEOUS	50,438.			
-	BANK FEES	45,780.		_	
	E-BULLETIN PUBLICATIONS	23,634.			-
	TAPES & MANUALS	17,271.	· -		
-	All other expenses	88,164.			
	Total functional expenses. Add lines 1 through 24f	2,004,158.			
	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

Pa	rt X	Balance Sheet				
•			(A) Beginning o	f year		(B) End of year
	1	Cash - non-interest-bearing	272	,670.	1	
	2_		580	,225.	2	1,685,355.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	43	,690.	4	2,457.
	5	Receivables from current and former officers, directors, trustees, key				
		employees, and highest compensated employees. Complete Part II				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete				
		Part II of Schedule L			6	<u>. </u>
ţ	7	Notes and loans receivable, net			7	. <u> </u>
Assets	8	Inventories for sale or use			8	
₹	ษ	Prepaid expenses and deferred charges	4	,000.	ا و ا	12,290.
	10a					
		basis. Complete Part VI of Schedule D 10a 9	,728. ,882.			
	ь	Less: accumulated depreciation 10b 2	,882.	0.	10c	6,846.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	<u> </u>
	13	Investments · program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		,585.	16	1,706,948. 27,386.
	17	Accounts payable and accrued expenses	123	,083.		27,386.
	18	Grants payable .	607	0.1.5	18	1 064 053
	19	Deferred revenue	687	,017.	19	1,064,853.
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	v
Liabilities	22	Payables to current and former officers, directors, trustees, key employed				
į.		highest compensated employees, and disqualified persons. Complete	Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties	. 06	,350.	24	150,763.
	25	Other liabilities. Complete Part X of Schedule D		,350. ,450.	25	1,243,002.
	26	Total liabilities. Add lines 17 through 25		,450.	26	1,243,002.
		Organizations that follow SFAS 117, check here ► X and co	npiete			
Ses		lines 27 through 29, and lines 33 and 34.	1	,135.		463,946.
lan	27	Unrestricted net assets		, 133.	27 28	403/340.
Net Assets or Fund Balances	28	Temporarily restricted net assets	-		28	
P .	29	Permanently restricted net assets	and		_ ∠8	
Ē		Organizations that do not follow SFAS 117, check here	and			
S S	20	complete lines 30 through 34.			20	
set	30	Capital stock or trust principal, or current funds	•	.	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Š	32	Retained earnings, endowment, accumulated income, or other funds	<u> </u>	,135.		463,946.
	33	Total net assets or fund balances		, 585.		1,706,948.
	34	Total liabilities and net assets/fund balances	1 200	, , , , , ,	J-4	Earm 990 (2000)

Form **990** (2009)

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 in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III.			
Name of organization			Emple	oyer identification number
	L ACADEMY OF ELDE			<u>86-0620517</u>
Part i-A Complete if the org	janization is exempt unde	r section 501(c) o	r is a section 527 or	rganization .
1 Provide a description of the organization	zation's direct and indirect political	campaign activities in	Part IV.	
2 Political expenditures			▶\$	
3 Volunteer hours				
Part I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	<u> </u>	
1 Enter the amount of any excise tax			▶\$	
2 Enter the amount of any excise tax	incurred by organization manager	s under section 4955	▶\$	
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a Was a correction made?	-			Yes No
b if "Yes," describe in Part IV.				
Part I-C Complete if the org	ganization is exempt unde	<u>r section 501(c), </u>	except section 501(c)(3)
1 Enter the amount directly expende	d by the filing organization for sect	ion 527 exempt function	on activities >\$	
2 Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for sec	tion 527	
exempt function activities			▶\$	
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here an	d on Form 1120-POL,	_	
line 17b			. ▶\$	
4 Did the filing organization file Form				L Yes L No
5 Enter the names, addresses and er				
For each organization listed, enter				
that were promptly and directly del (PAC). If additional space is needed		·		•
	T			T
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate
				political organization. If none, enter -0
NAELA SENIOR RIGHTS				,
PAC	VIENNA, VA 22182	90-0127930	0.	16,167.
	VIEWWIY VII EETOE	30 012,300	<u> </u>	20/2010
	,.			
			•	
		1		

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	NATI	ONAL A	CADEMY OF E	LDER LAW AT	FORNEYS86-	0620517 Page 2
Part If-A Complete if the org	-		npt under section	n 501(c)(3) and file	ea Form 5/68	
. (election under sec						
A Check In the filing organiza						
B Check Lifthe filing organiza	tion check	ed box A an	d "limited control" pro	visions apply.	(-) File-	(h) Affiliate of annual
Limi	ts on Lobi	ying Exper	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" m	eans amou	nts paid or incurred.)		totals	
1 a Total lobbying expenditures to infl	•	-				
b Total lobbying expenditures to infl	uence a le	gislative boo	ly (direct lobbying)			
 Total lobbying expenditures (add ! 	ines 1a an	d 1b)				
d Other exempt purpose expenditure	es					
 Total exempt purpose expenditure 	es (add line	s 1c and 1d)			ļ
f Lobbying nontaxable amount. Ent	er the amo	unt from the	following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		1
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% c	f line 1f)				
h Subtract line 1g from line 1a. If zei	ro or less, e	enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, e	nter -0-		[
j If there is an amount other than ze	ero on eithe	er line 1h or	line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organi	zatione th		eraging Period Under	Section 501(h) n do not have to comp	olete all of the five	
(come organiz	olumns be	low. See th	e instructions for line	es 2a through 2f on pa	ge 4.)	
	Lob	bying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2006	(ь) 2007	(c) 2008	(d) 2009	(e) Total
0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
2a Lobbying nontaxable amount	 	×				
b Lobbying ceiling amount						
(150% of line 2a, column(e))	ļ <u>.</u>		<u></u>			
T 1.11.11.1	7					
c Total lobbying expenditures				-		
d Grassroots nontaxable amount						
e Grassroots celling amount						
(150% of line 2d, column (e))						
	<u> </u>					
f Grassroots lobbying expenditures						
				<u> </u>	Schedule C (Form	n 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 NATIONAL ACADEMY OF ELDER LAW ATTORNEYS 86-0620517 Page 3 Part IFB | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	(b)		
		Yes	No	Amo	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c						
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Do to the State of the second					
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
i	Total. Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	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?			, .,		
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)(5), or se	ction		
<u> </u>	501(c)(6).					
			-	Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	•••	3	X		
	TIII-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction		
<u> </u>	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."	art III-A, I	ine 3 is a	nswered		
1	Dues, assessments and similar amounts from members		1	-1,788	3,067.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical				
-	expenses for which the section 527(f) tax was paid).					
	Current year		2a	249	9,584.	
	Carryover from last year		2b		3,406.	
			2c		$\frac{1}{5,178}$	
່າ	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	,	3		5,494.	
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	10000				
4						
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	4			
_	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5	<219	9,316.	
		-	<u> </u>		70101	
	Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	and Dort II-D	Line 1. Ale	complete	thie part	
	• · · · · · · · · · · · · · · · · · · ·	iliu rait ii-b	, III 6 11. Also	, complete	tilis part	
PA	ny additional information. RT I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN	FORMAT	ION:			
<u>NA</u>	ELA SENIOR RIGHTS PAC					
15	77 SPRING HILL ROAD #220 VIENNA, VA 22182					
	÷					
		_				

Schedule C (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

NATIONAL ACADEMY OF ELDER LAW ATTORNEYS

Employer identification number 86–0620517

Par	11 Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	село, велост, ет тел, етто регрест	. Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	out of the total		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i	= -	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.		
Pa	TIII Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these	rtems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	•	▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$
-			-

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

	CADEMY OF E		W ATTORNE	YS 86-	<u>-0620517</u>	Page 3
Part VII Investments - Other Securities.	See Form 990, Part X,	line 12.				
(a) Description of security or category (including name of security)	(b) Book value			ethod of valuated of the state		
Financial derivatives .						
Closel <u>y-held equity</u> interests						
Other				· · · · · · · · · · · · · · · · · · ·		
	_					
						
Totai. (Coi (b) must equal Forth 990, Part X, coi (B) iline 12) 🗲						<u></u>
Part VIII Investments - Program Related.	See Form 990, Part X	, line 13.				
(a) Description of investment type	(b) Book value			ethod of valua		
	.,		Cost or e	nd-of-year mar	Ket value	
						
					· · · · · · · · · · · · · · · · · · ·	
	-					
•						
	-		· · · · · · · · · · · · · · · · · · ·			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)						
Part IX Other Assets. See Form 990, Part X, II						
	(a) Description		 		(b) Book v	alue
						
<u> </u>						
						
						
Total. (Column (b) must equal Form 990, Part X, col (B)				>		
Part X Other Liabilities. See Form 990, Part	X, line 25.	(6) 0				
1. (a) Description of liability		(b) Am	ount			
Federal income taxes INTER-COMPANY DUE TO/DUE FRO	M		360.			
CHAPTER DUES PAYABLE)F1	15	0,403.			
CHAFTER DOED TATABLE		+	0,1030			
•						
Total. (Column (b) must equal Form 990, Part X, col (B)			0,763.			
2. FIN 48 Footnote. in Part XIV, provide the text of the	footnote to the organiz	ation's financia	d statements that	reports the org	ganızatıon's lıabi	lity for
uncertain tax positions under FIN 48.		*****		_		
932053 02-01-10				Sch	edule D (Form	990) 20(

86-0620517 Page **3**

	dule D (Form 990) 2009 NATIONAL ACADEMY OF ELDER				0620517 Page 4
Pa	1 XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Fina	ancial Sta	tement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,463,969.
2	Total expenses (Form 990, Part IX, column (A), line 25)	•	2		2,004,158.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		459,811.
4	Net unrealized gains (losses) on investments		. 4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		<u></u>
8	Other (Describe in Part XIV.)		8	-	
9	Total adjustments (net). Add lines 4 through 8		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9	10		459,811.
-	XII Reconciliation of Revenue per Audited Financial Statem		enue per	Return	
1	Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·		1	2,463,969.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•		<u> </u>
-	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	Žb		-	
•	· ·	2c		-	
ن د	Recoveries of prior year grants .	2d		⊣ i	
d	Other (Describe in Part XIV.)	. [20]		ا ؞ ا	0
е	Add lines 2a through 2d	•		2e 3	2,463,969.
3	Subtract line 2e from line 1		•	3	2,403,909.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.4		1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
p	Other (Describe in Part XIV.)	4b		┥. !	0
С	Add lines 4a and 4b			4c	2,463,969.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	t XIII Reconciliation of Expenses per Audited Financial Stater	nents with Ex	penses p		
1	Total expenses and losses per audited financial statements	•		1	2,004,158.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b		_	
C	Other losses	2c		_	
d	Other (Describe in Part XIV.)	_2d		_	
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,004,158.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	0.
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		_	5	2,004,158.
Pa	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part				
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con ELA IS EXEMPT FROM PAYMENT OF TAXES ON INC				
-					
BUS	SINESS INCOME UNDER SECTION 501(C)(6) OF	THE INTERN	NAL REV	/ENUE	CODE
<u>(II</u>	RC). FOR THE YEARS ENDED DECEMBER 31, 2009	9 AND 2008	B , THE	ERE W	AS NO
UNI	RELATED BUSINESS INCOME AND, ACCORDINGLY,	NO FEDERA	L OR	STATE	INCOME
TA	KES HAVE BEEN RECORDED. NAELA HAD NO SIGN	IFICANT UN	CERTA	IN TA	X POSITIONS
FOI	THE YEAR ENDED DECEMBER 31, 2009				
	-				

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

2009

Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

NATIONAL ACADEMY OF ELDER LAW ATTORNEYS

Employer identification number 86-0620517

Pa	art I 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 in 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	1		1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	ļ, <u>12.4</u>	111-111	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
		1		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	}		
	contingent on the revenues of:			
а	The organization? .	5a		├
þ	,	5b		ļ
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			1
а	The organization?	6a		
b		6b	ļ	ļ
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		├
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regs. section 53.4958-4(а)(3)? If "Yes," describe in Part III	8	<u> </u>	├
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 NATIONAL ACADEMY OF ELDER LAW ATTORNEYS 86-0620517

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VIII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(C)	(E)	Ð
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontakable beneffts	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	170,692.	0	0	5,017.	5,084.	180,793.	0
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	(1)							
	Θ							
	(ii)							
				Ţ			Schedu	Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

(Form 990)

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

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL ACADEMY OF ELDER LAW ATTORNEYS

Employer identification number 86-0620517

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THESE AMOUNTS CONSIST OF THE OTHER PROGRAMS THAT ARE NOT ONE OF THE

THREE MAJOR PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IS OPEN TO ATTORNEYS AND ALL THOSE WHO POSSESS A JURIS DOCTORATE OR EQUIVALENT DEGREE AND ARE LICENSED OR AUTHORIZED TO PRACTICE LAW UNDER THE JURISDICTION OF ANY COUNTRY. THE ATTORNEY RENDERS LEGAL SERVICES FOR THE BENEFIT OF THE ELDERLY AND PEOPLE WITH DISABILITIES OR IS IN AN ENDEAVOR WHICH ENCOMPASSES THE LEGAL NEEDS OF THE ELDERLY AND PEOPLE WITH DISABILITIES. THE ATTORNEY HAS AN UNDERSTANDING OF THE AGING PROCESS AND SENSITIVITY TO THE NEEDS OF THE ELDERLY AND PEOPLE WITH DISABILITIES. THE ATTORNEY IS COMMITTED TO THE HIGHEST STANDARDS OF ETHICS IN REPRESENTING THE NEEDS OR PROMOTING THE WELFARE OF THE ELDERLY AND PEOPLE WITH DISABILITIES. THE ATTORNEY, AS A CONDITION OF MEMBERSHIP, PLEDGES TO SUPPORT THE ACADEMY'S ASPIRATIONAL STANDARDS FOR THE PRACTICE OF ELDER LAW. THE ASPIRATIONAL STANDARDS CAN BE VIEWED AT WWW.NAELA.ORG. THE ATTORNEY HAS KNOWLEDGE OF THE AGING NETWORK AND THOSE SERVICES AVAILABLE THROUGH OTHER AGENCIES WHICH BENEFIT THE ELDERLY AND PEOPLE WITH DISABILITIES, OR WISHES TO GAIN SUCH KNOWLEDGE. THE ATTORNEY HAS A COMMITMENT TO POSITIVE INVOLVEMENT IN THE WORK OF THE ACADEMY AND ITS PURPOSES.

FORM 990, PART VI, SECTION A, LINE 7A: PRIOR TO THE ANNUAL MEETING, ALL MEMBERS WITH VOTING RIGHTS ARE GIVEN THE OPPORTUNITY TO ELECT MEMBERS OF THE GOVERNING BODY.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL ACADEMY OF ELDER LAW ATTORNEYS

Employer identification number 86-0620517

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERSHIP ALSO VOTES ON

PROPOSED BYLAWS AMENDMENTS AND QUESTIONS PLACED IN FRONT OF THE MEMBERSHIP

BY THE BOARD AS SET OUT IN THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11: PREPARATION OF DRAFT BY THE

INDEPENDENT AUDITORS. REVIEW BY EXECUTIVE DIRECTOR AND COUNSEL. REVIEW BY

FINANCE COMMITTEE. REVIEW AND APPROVAL BY BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS ON AN ANNUAL BASIS MUST COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: ANNUALLY THE EXECUTIVE DIRECTOR

PRESENTS A REPORT THAT OUTLINES THE ACCOMPLISHMENTS AND CHALLENGES OF THE

PREVIOUS FISCAL YEAR AND THE FIRST FEW MONTHS OF THE CURRENT FISCAL YEAR.

THE EXECUTIVE DIRECTOR ALSO PROVIDES THE FINANCE COMMITTEE WITH SALARY AND

BUDGET INFORMATION, AND BENCHMARKING DATA FROM ASSOCIATIONS OF SIMILAR SIZE

AND SCOPE IN THE WASHINGTON, D.C., AREA.

THE PRESIDENT THEN APPOINTS THE MEMBERS OF THE EXECUTIVE DIRECTOR

PERFORMANCE REVIEW COMMITTEE. THE CHAIR OF THE COMMITTEE SHALL BE THE

PRESIDENT, ALONG WITH THE CURRENT TREASURER, A SECOND TERM BOARD MEMBER AND

A FIRST TERM BOARD MEMBER. EACH CURRENT MEMBER OF THE BOARD COMPLETES THE

EXECUTIVE DIRECTOR PERFORMANCE EVALUATION FORM. USING THE COLLECTED

INFORMATION, THE COMMITTEE COMPLETES ITS EVALUATION OF EXECUTIVE DIRECTOR

PERFORMANCE.

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

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL ACADEMY OF ELDER LAW ATTORNEYS

Employer identification number 86-0620517

IN EXECUTIVE SESSION, THE FINANCE COMMITTEE DISCUSSES OPTIONS AND

PARAMETERS FOR ADJUSTING THE EXECUTIVE DIRECTOR'S SALARY OR OTHER

COMPENSATION OR EMPLOYEE BENEFITS BASED UPON THE FINANCIAL CONDITION OF

NAELA, THE BENCHMARKING INFORMATION PROVIDED BY THE EXECUTIVE DIRECTOR, AND

THE EXECUTIVE DIRECTOR'S PERFORMANCE BASED ON THE REPORT OF THE EXECUTIVE

DIRECTOR PERFORMANCE REVIEW COMMITTEE. THE TREASURER THEN PRESENTS THE

FINANCE COMMITTEE'S RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE.

THEIR REPORT AND PROPOSED WRITTEN EVALUATION OF THE EXECUTIVE DIRECTOR TO

THE BOARD IN EXECUTIVE SESSION. THE TREASURER ALSO PRESENTS THE

RECOMMENDATIONS OF THE FINANCE AND EXECUTIVE COMMITTEES REGARDING ANY

CHANGE TO THE EXECUTIVE DIRECTOR'S COMPENSATION OR EMPLOYEE BENEFITS. THE

BOARD DISCUSSES AND FINALIZES THE WRITTEN EVALUATION OF THE EXECUTIVE

DIRECTOR, ANY CHANGES TO THE EXECUTIVE DIRECTOR'S COMPENSATION OR BENEFITS,

AND GOALS FOR THE EXECUTIVE DIRECTOR. THESE GOALS SHALL BE CONSISTENT WITH

NAELA'S MISSION AND STRATEGIC PLAN.

FORM 990, PART VI, SECTION C, LINE 19: THE EXECUTIVE DIRECTOR REVIEWS THE 990 WITH THE ASSISTANCE OF AN INDEPENDENT ACCOUNTING FIRM PREPARING THE RETURN, ALSO THE GOVERNING DOCUMENTS, SUCH AS THE BYLAWS, ARE AVAILABLE ON THE WEB SITE. CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE MAINTAINED AT HEADQUARTERS AND ARE AVAILABLE UPON REQUEST.

THE AUDIT PROCESS HAS NOT CHANGED SINCE THE PREVIOUS YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Publik Inspection

OMB No 1545-0047

Employer identification number 86-0620517 Direct controlling entity £ End-of-year assets <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 3/7. Total income • ; g ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) • 1 NATIONAL ACADEMY OF ELDER LAW ATTORNEYS ► Attach to Form 990. Primary activity Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part H

(a)	(a)	(0)	তি	9	8
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
NATIONAL ACADEMY OF ELDER LAW ATTORNEYS					
SENIOR RIGHTS POLITICAL ACTION COMMI, 1577	ACCEPTING AND DISTRIBUTING				
SPRING HILL ROAD, VIENNA, VA 22182	CAMPAIGN CONTRIBUTIONS	VIRGINIA	527		ABLA
					-
					-
					1
					-
					_

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

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Schedule R (Form 990) 2009

- Page 2 86-0620517

Schedule R (Form 990) 2009 NATIONAL ACADEMY OF ELDER LAW ATTORNEYS

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 managing partner?			
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	 ÷.		-
(h) Disproportionate alle allocations?			
(g) Share of tend-of-year assets			
(f) Share of total income		. *	
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(C) Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

į

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

(a)	(q)	(0)	(p)	(5)		(6)	ε
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S'corp, or trust)	Sha	Share of end-of-year assets	Percentage ownership
						-	
						-	
		,		j			
					_		
						-	
						-	
932162 02-04-10	27					Schedule R (Form 990) 2009	т 990) 2009

86-0620517

PRIT V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IW?				
a Receipt of (i) interest (ii) annuttes (iii) royattes or (iv) rent from a controlled entity		1		×
b Gift, grant, or capital contribution to other organization(s)		1		×
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan guarantees to or for other organization(s)		P		×
Loans or loan guarantees by other organization(s)		10		×
f Sale of assets to other organization(s)		7		×
g Purchase of assets from other organization(s)		-1 19		×
Exchange of assets	•	1		×
i Lease of facilities, equipment, or other assets to other organization(s)	:	=		×
j Lease of facilities, equipment, or other assets from other organization(s)		;		×
k Performance of services or membership or fundraising solicitations for other organization(s)		-		×
I Performance of services or membership or fundraising solicitations by other organization(s)	•	=		×
m Sharing of facilities, equipment, mailing lists, or other assets	٠	Ę		×
n Sharing of paid employees		-		×

• Reimbursement paid to other organization for expenses	:	-		×
p Reimbursement paid by other organization for expenses		10		×
q Other transfer of cash or property to other organization(s)		19	×	
r Other transfer of cash or property from other 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 transaction thresholds	ansaction thresholds			
(a)	(9)	(0)	(
Name of other organization(s)	Transaction type (a-r)	Amount involved	nvolvec	ъ
(F)		-		
(4)				
(5)		-		
(9)		<u>-</u>		
902183 10-04-10 902183 10-04-10	Sch	Schedule R (Form 990) 2009	n 990)	800

86-0620517

Schedule R (Form 990) 2009 NATIONAL ACADEMY OF ELDER LAW ATTORNEYS

Part Vt Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(e)	(g)	<u>©</u>	<u>6</u>			(B)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
		country)	Yes No			of Schedule K-1 (Form 1065)	
						_	_
				_		-	
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						-	
						_	

Schedule R (Form 990) 2009

Form 8868 (Rev 4-2009)	Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	▶ X
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed For	rm 8868
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II Additional (Not-Automatic) 3-Month-Extension-of-Time. Only file the original (no copie	es needed).
Name of Exempt Organization	mployer identification number
Type or	• •
print NATIONAL ACADEMY OF ELDER LAW ATTORNEYS	86-0620517
File by the extended Number, street, and room or suite no. If a P.O box, see instructions.	or IRS use only
due date for 1577 SPRING HILL ROAD, NO. 220	
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. VIENNA, VA 22182	
Check type of return to be filed (File a separate application for each return).	
X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Form 5227 Form 8870
Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Form 6069
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously	filed Form 8868
	med Form 6000.
THE ORGANIZATION	
• The books are in the care of ▶ 1577 SPRING HILL ROAD, SUITE 220 - VIENNA	A, VA 22182
Telephone No. \blacktriangleright (703) 942-5711 FAX No. \blacktriangleright 703-563-9504	
 If the organization does not have an office or place of business in the United States, check this box 	>
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is	
box . If it is for part of the group, check this box and attach a list with the names and EINs of all me	embers the extension is for.
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.	
5 For calendar year 2009, or other tax year beginning, and ending	
6 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
7 State in detail why you need the extension THE INFORMATION NECESSARY TO FILE A COMPLETE	
AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
	Ba \$
tax payments made Include any prior year overpayment allowed as a credit and any amount paid	
	Bb \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	
- · · ·	8c \$ N/A
Signature and Verification	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the be it is true, correct, and complete, and that I am authorized to prepare this form.	est of my knowledge and belief,
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	Date > 8/13/10
	Form 8868 (Rev. 4-2009)

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

– 11)	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	in fame)	▶ X
_	you_ar <u>e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II_(on page 2 of th not complete Part II unless you have already been granted an automatic 3-month extension on a previously</u>		
	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
_	prporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co I only	omplete	▶
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request e income tax returns.	an exten	sion of time
noted (not a you r	stronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or a must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic v.irs.gov/efile and click on e-file for Charities & Nonprofits.	nically if consolida	(1) you want the additional ated Form 990-T. Instead,
Type print	· ·	Empl	oyer identification number
	NATIONAL ACADEMY OF ELDER LAW ATTORNEYS	8	6-0620517
File by due da filing ye return	ste for Number, street, and room or suite no. If a P.O. box, see instructions.		
instruc		<u> </u>	
Chec	ck type of return to be filed (file a separate application for each return):		
X 	Form 990 Form 990-T (corporation) Form Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form Form 990-EZ Form 990-T (trust other than above) Form Form 990-PF Form 1041-A Form	5227 6069	
Τe	THE ORGANIZATION he books are in the care of \triangleright 1577 SPRING HILL ROAD, SUITE 220 - VIE elephone No. \triangleright (703) 942-5711 FAX No. \triangleright 703-563-950 the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	4	▶ □
• If	▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and EINs of a		
• If	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time u AUGUST 15, 2010 It is for the organization's return for: X calendar year 2009 or tax year beginning, and ending, and ending	all memb	ers the extension will cover.
● If	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time under the AUGUST 15, 2010 and the exempt organization return for the organization named is for the organization's return for: X calendar year 2009 or	all memb	ers the extension will cover. The extension
• If box 1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time u AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for: ▼ X calendar year 2009 or ▼ tax year beginning , and ending	all memb	ers the extension will cover. The extension
• If box 1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time of AUGUST 15, 2010, to file the exempt organization return for the organization named is for the organization's return for: □ X calendar year 2009 or □ tax year beginning, and ending If this tax year is for less than 12 months, check reason: □ Initial return □ Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	all memb	ers the extension will cover. The extension Change in accounting period
• If box 1 2 3a	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time of AUGUST 15, 2010, to file the exempt organization return for the organization named is for the organization's return for: ▶ X calendar year 2009 or ▶ tax year beginning, and ending If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	all memb	ers the extension will cover. The extension Change in accounting period

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