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DLN: 93493319046972

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 A For the 2011 D Employer identification number **B** Check if applicable NATIONAL ACADEMY OF ELDER LAW ATTORNEYS Address change 86-0620517 Doing Business As E Telephone number Name change (703)942-5711☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 2,498,054 1577 SPRING HILL ROAD NO 220 Terminated City or town, state or country, and ZIP + 4 VIENNA, VA 22182 Amended return Application pending Name and address of principal officer Is this a group return for PETER WACHT affiliates? 1577 SPRING HILL ROAD NO 220 VIENNA, VA 22182 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 「 501(c)(3) **▽** 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW NAELA ORG K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ L Year of formation 1987 M State of legal domicile OR Summary Part I Briefly describe the organization's mission or most significant activities TO EDUCATE ELDER AND SPECIAL NEEDS LAW ATTORNEYS Activities & Governance Check this box 📭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 23 23 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 12 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 15,710 8 Contributions and grants (Part VIII, line 1h) . 1,775 Program service revenue (Part VIII, line 2g) . 2,391,321 2,485,919 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 165 157 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,203 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2,407,556 2,498,054 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 747,129 816,029 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,299,123 1,393,679 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,046,252 2,209,708 19 Revenue less expenses Subtract line 18 from line 12 . 361,304 288,346 (Assets or delatables) **Beginning of Current End of Year** Year 2,054,885 20 Total assets (Part X, line 16) . . . 2,487,376 Met./ 21 Total liabilities (Part X, line 26) . . 1,365,056 1,509,201 22 689,829 Net assets or fund balances Subtract line 21 from line 20 978,175 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ***** 2012-11-14 Signature of officer Sign Here PETER WACHT EXECUTIVE DIRECTOR Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's SUBRINA L WOOD (see instructions) P00365899 Paid employed 🕨 🦵 Preparer's Firm's name (or yours TATE AND TRYON EIN > 52-1855942 if self-employed). Use Only address, and ZIP + 4 805 15TH STREET NW SUITE 900

WASHINGTON, DC 20005

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no 🕨 (202) 293-2200

Par	t III			ce Accomplishmer			দ
1	Briefl	y describe the organ	nızatıon's mıssıon				
						CACY, GUIDANCE, AND S	ERVICES TO ENHANCE
IHE	LIVES	OF PEOPLE AS TH	EY AGE AS WELL	AS INDIVIDUALS WI	IH SPECIAL N	EEDS	
2				nt program services du		hich were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these n	ew services on Sc	hedule O			
3		ne organization ceas ces?	e conducting, or m	ake significant changes	in how it cond	lucts, any program	┌ Yes ┌ No
	If "Ye	s," describe these c	hanges on Schedu	le O			
4	exper	ses Section 501(c)(3) and 501(c)(4)	organizations and sect	ion 4947(a)(1	e largest program services) trusts are required to rep program service reported	
4a	(Code	2) (Expenses \$	ıncludıng g	rants of \$) (Revenue \$)
				RNEYS AND OTHERS REGAR EVELS AND ATTRACTS BOTH		SENTATION OF THE ELDERLY AND OVANCED PRACTITIONERS	PEOPLE WITH SPECIAL NEEDS
4b	(Code) (Expenses \$	including g) (Revenue \$)
				MINATING THE TWO-YEAR M		OF IMPORTANCE TO THE CLIENTS	5 OF NAELA MEMBERS, RANGING
4c	(Code	e) (Expenses \$	ıncludıng g	rants of \$) (Revenue \$)
	ELDEI UNPA CARE SPEC	R AND SPECIAL NEEDS LA RALLELED OPPORTUNITY , MEDICARE AND MEDIC.	AW PROFESSIONALS, V TO LEARN, NETWORK AID, GUARDIANSHIP, F	VHETHER A PRIVATE PRACTI I, AND ENGAGE WITH LEADEI PUBLIC BENEFITS, PRACTICE	TIONER, LEGAL SE RS WITHIN THE FI MANAGEMENT, C	TUTE THE NATIONAL AGING ANI RVICES ATTORNEY OR OTHER LA ELD ADVANCED EDUCATIONAL S ONSUMER ISSUES, HOUSING, IN NCE IS PRESENTED IN PARTNER:	AW AND AGING ADVOCATE, AN SESSIONS FOCUS ON HEALTH
	(Code	2) (Expenses \$		rants of \$) (Revenue \$)
	ADVA	NCED ELDER LAW BOOT	CAMP THIS TWO-DAY		VANCED LEVEL SE	SSIONS FOCUSED ON ELDER AND) SPECIAL NEEDS LAW TO
	(Code) (Expenses \$	ıncludıng g	rants of \$) (Revenue \$	1
	VIRTU		AELA SERVICE PROVID			JCATIONAL CONTENT OR LIVE CO	ONTENT PRESENTED AS
	(Code) (Expenses \$	including g) (Revenue \$)
						TH NAELA MEMBERS ON A REGUL IN LEVEL OF MARKETING FROM I	
	(Code	e) (Expenses \$		rants of \$) (Revenue \$)
	THOU	IGHT LEADERS AND SUBJ	ECT MATTER EXPERTS		ANNUITIES, TAXA	S ATTENDEES TO ENGAGE IN DYN TION OF SNTS, MEDICARE, ADVO	
<u></u>			(D. 1. 5.)				
4d		er program services)/Payanya #	`
	, ,	enses \$		ıdıng grants of \$) (Revenue \$)
4e	Tota	l program service ex	rpenses ⊢ \$				

			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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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, Part I	14b		No
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 U S ? If "Yes," complete Schedule F, Part II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		N o
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		Νο
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
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		
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		
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		No
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		Νο
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			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
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		No
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	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		No
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		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
J	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
L	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
_	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the		_	
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	_		
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is incensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ction 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			
b	Enter the number of voting members included in line 1a, above, who are			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	,	V	
3	other officer, director, trustee, or key employee?	3	Yes	
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was	3		No
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5	Yes	No
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Yes	NO
о 7а	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	-	Tes	
	7a	Yes		
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)	I		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
Б	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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	161		
6.	ection C. Disclosure	16b		
17	List the States with which a copy of this Form 990 is required to be filed FOR			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	,			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c_. (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☐ Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FTATE & TRYON

2021 L STREET NW SUITE 400 WASHINGTON, DC 20036 (202) 293-2200

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

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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e thai	n on son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) ED BOYER PRESIDENT	2 00	х		х				0	0	0
(2) GREGORY FRENCH PRESIDENT - ELECT	2 00	х		Х				0	0	0
(3) HOWARD KROOKS VICE PRESIDENT	2 00	х		Х				0	0	0
(4) BRADLEY FRIGON TREASURER	2 00	х		Х				0	0	0
(5) SHIRLEY WHITENACK SECRETARY	2 00	х		Х				0	0	0
(6) RUTH PHELPS IMMEDIATE PAST PRESIDENT	2 00	х		Х				0	0	0
(7) STEVE SILVERBERG IMMEDIATE PAST PRESIDENT (10-11)	2 00	х		Х				0	0	0
(8) ROBERT ANDERSON DIRECTOR	2 00	х						0	0	0
(9) RICK COURTNEY DIRECTOR	2 00	х						0	0	0
(10) TIM CRAWFORD DIRECTOR	2 00	х						0	0	0
(11) HY DARLING DIRECTOR	2 00	х						0	0	0
(12) AMOS GOODALL DIRECTOR	2 00	х						0	0	0
(13) SHARON KOVACS GRUER DIRECTOR	2 00	х						0	0	0
(14) FRANCHELLE MILLENDER DIRECTOR	2 00	х						0	0	0
(15) RAJIV NAGAICH DIRECTOR	2 00	х						0	0	0
(16) MARIE ELENA PUMA DIRECTOR	2 00	х						0	0	0
(17) CATHERINE SEAL DIRECTOR	2 00	х						0	0	0 Form 900 (2011)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e thai	n on son er ar	e bo is b nda	x, oth)		Repo compe fron organiza	rtable nsation n the ation (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima amount o compens from t organizati relate	ted fother ation he on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
(18) \ DIREC	WENDY SHEINBERG CTOR	2 00	х							0		0		0
(19) I DIREC	(RISTI VETRI CTOR	2 00	х							0		0		0
(20) I DIREC	(ATHLEEN WHITEHEAD CTOR	2 00	х							0		0		0
(21) I DIREC	MICHAEL AMORUSO CTOR	2 00	х							0		0		0
(22) J	ULIE FIEDLER CTOR	2 00	х							0		0		0
(23) F	RON LANDSMAN CTOR	2 00	х							0		0		0
	PETER WACHT JTIVE DIRECTOR	40 00			х					171,877		0		16,305
-														
1b	Sub-Total					•		<u> </u>						
С	Total from continuation sheets t	o Part VII, Sec	tion A					P						
d	Total (add lines 1b and 1c)							 -		171,877		0		16,305
2	Total number of individuals (inclu \$100,000 of reportable compens	_				ted	above) who	o received	l more tha	n			
													Yes	No No
3	Did the organization list any form					ey e	mploy	ee, c	or highest	compens	ated employee			
_	on line 1a? If "Yes," complete Sch					•		•				3		N o
4	For any individual listed on line 1 organization and related organiza													
	ındıvıdual			•	•	•		-	· · ·			4	Yes	
5	Did any person listed on line 1a r services rendered to the organiza									nization o	r individual for	5		Νο
											L			
Se1	ction B. Independent Cont Complete this table for your five \$100,000 of compensation from or within the organization's tax ye	highest comper the organization												
	-	(A)	Iroca							D = =:	(B)		(C)	
	LINDBERG	e and business add	iress								iption of services		Compen	
	K STREET NW SUITE 400 INGTON, DC 20006								F	PUBLIC POLIC	CY CONSULTANT			123,958

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

\$100,000 of compensation from the organization \blacktriangleright 1

Form 9								Page 9
Part	<u>////</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du	es 1b					
s, g	c	Fundraising eve	ents 1c					
<u>#</u>	d	Related organiz	zations 1d					
ξ <u>.</u>	e	Government grant	s (contributions) 1e					
를 사	f	All other contribute	ons, gifts, grants, and 1f	1,775		İ		
ê €	g		butions included in					
풀출								
<u>~~</u>	h	Total. Add lines	s 1a-1f	▶	1,775			
<u>a</u>				Business Code				
Program Serwce Revenue	2a	MEMBERSHIP DUE	S	900099	1,862,552	1,862,552		
æ	Ь	MEETINGS		900099	513,874	513,874		
AC e	С	ONLINE EDUCATIO	N	900099	30,298	30,298		
Se Se	d	MEMBER BENEFITS	<u> </u>	900099	23,873	23,873		
Ē	e	PUBLICATIONS		900099	21,154	21,154		
200	f	All other progra	am service revenue		34,168	34,168		
Δ	g	Total. Add lines	s 2a-2f		2,485,919			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	F	157			157
	4		stment of tax-exempt bond	proceeds 🕨				
	5	Royalties	() Pa-1	(v) B - v - v - l				
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	_ 	expenses Rental income						
		or (loss)		<u> </u>				
	d	Net rental inco	me or (loss)	,				
	7a	Gross amount	(ı) Securities	(II) O ther				
	"	from sales of assets other						
	١.	than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gaın or (los	(s)					
ë	8a	events (not inc	rom fundraising luding					
Other Revenue			s reported on line 1c)					
<u>.</u>			а					
Ě	b		penses b	events				
0	c 9a		(loss) from fundraising	events				
	Ja	See Part IV, lir	rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
	c		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С	Net income or ((loss) from sales of inve	entory ►				
		Miscellaneou	s Revenue	Business Code				
	11a	REIMBURSEMI	ENTS	900099	10,000	10,000		
	Ь	MISCELLANEC	ous	900099	203	203		
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d		10,203			
	12	Total revenue.	See Instructions .	.	2,498,054	2,496,122	0	157

3

5

7

17

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 189,424 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 489,210 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 22,216 Other employee benefits 64,413 50,766 10 Fees for services (non-employees) 11 Management 34,553 Legal 68,308 Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g 295,622 17,747 Advertising and promotion . . . 12 Office expenses 105,938 13 85,329 14 Information technology 15 Royalties . . 113,717 16 305,796 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 96,429 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 32,612 23 3,571 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) PUBLICATIONS 67,431 AUDIOVISUAL 62,371 **BANK FEES** 53,686 d MEMBERSHIP SERVICES 19,202 e f All other expenses 31,367 25 Total functional expenses. Add lines 1 through 24f 2,209,708 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 1 2 1.839.202 2 2.275.993 Savings and temporary cash investments 3 3 4 8.913 4 15.812 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 7 8 8 9 13,689 9 13,609 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 237,982 10a Part VI of Schedule D 10a 56,020 Less accumulated depreciation 10b 193,081 181,962 b 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 2,054,885 16 2,487,376 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 248,063 133,767 17 17 Accounts payable and accrued expenses . 18 18 19 958,109 19 1,193,133 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 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 158,884 25 182,301 D 26 1,365,056 1,509,201 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 689,829 27 Unrestricted net assets 27 978,175 28 Temporarily restricted net assets 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 689.829 33 978.175 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 2.054.885 2.487.376

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,4	198,05
2	Total expenses (must equal Part IX, column (A), line 25)	2			209,70
3	Revenue less expenses Subtract line 2 from line 1	3			288,34
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			589,82
5	Other changes in net assets or fund balances (explain in Schedule O)	5			·
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		ġ	978,17
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII			ন	-
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νο
Ь	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	issued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Additional Data

4d. Other program services

Software ID: Software Version:

EIN: 86-0620517

Name: NATIONAL ACADEMY OF ELDER LAW ATTORNEYS

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	including grants of \$) (Revenue \$)
		DAY PROGRAM INCLUDES 14 ADVANC HE INDIVIDUAL AS AN ELDER AND SP		
(Code) (Expenses \$	including grants of \$) (Revenue \$)
VIRTUAL EDUCATI LIVE CONTENT PRE	ON THIS NAELA SERVICE PRO ESENTED AS TELEPHONIC SEM	VIDES MEMBERS WITH ACCESS TO A INARS OR WEBINARS	RCHIVED EDUCATIONAL CO	ONTENT OR
(Code) (Expenses \$	including grants of \$) (Revenue \$)
REGULAR BASIS IN		WS QUALIFIED VENDORS TO COMMU COUNTS ON PRODUCTS AND SERVICE		
(Code) (Expenses \$	including grants of \$) (Revenue \$)
DYNAMIC DISCUSS ANNUITIES, TAXAT	SIONS WITH KEY THOUGHT LEA	S DESIGNED BY THE PARTICIPANTS, A ADERS AND SUBJECT MATTER EXPERT /OCACY, VA BENEFITS, PRACTICE MA	S COVERING AREAS SUCH	AS

DLN: 93493319046972

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

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. ▶ See separate instructions.

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

- ◆ 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

Se Na	ime of the organization			Employer ider	ntification numbe	r
	TIONAL ACADEMY OF ELDER LAW AT	TORNEYS				
ar	t I-A Complete if the	organization is exempt under	section 501(c	86-0620517) or is a section 527	organizatio	n.
1		organization's direct and indirect polit	_	-	<u> </u>	
2	Political expenditures	Tot public office in tale 14		•	\$	
3	V olunteer hours					
Par	rt I-B Complete if the	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organization ur	ider section 4955	▶	\$	
2	Enter the amount of any ex	cise tax incurred by organization mana	gers under section	4955	\$	
3	If the organization incurred	a section 4955 tax, did it file Form 47	20 for this year?		☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
b	If "Yes," describe in Part I'	V				
Par	rt I-C Complete if the	organization is exempt under	section 501(c) except section 50:	1(c)(3).	
1	Enter the amount directly e	xpended by the filing organization for s	ection 527 exempt	t function activities 🕨	\$	
2	Enter the amount of the filine exempt funtion activities	ng organization's funds contributed to o	ther organizations	for section 527	\$	
3	Total exempt function expe	nditures Add lines 1 and 2 Enter here	and on Form 1120)-POL, line 17b ►	\$	
4	Did the filing organization f	lle Form 1120-POL for this year?			[→]	Гио
_		·				
5	organization made payment amount of political contribu	s and employer identification number (E ts For each organization listed, enter the itions received that were promptly and ir a political action committee (PAC)	ne amount paid from directly delivered t	n the filing organization's o a separate political orga	s to which the fili funds Also ente anization, such a	the
5	organization made payment amount of political contribu	s and employer identification number (E ts For each organization listed, enter th itions received that were promptly and i	ne amount paid from directly delivered t	n the filing organization's o a separate political orga	s to which the fili funds Also ente anization, such a tion in Part IV (e) Amount of contributions	political received by and ered to a litical If none,
	organization made payment amount of political contribu separate segregated fund o	s and employer identification number (E ts For each organization listed, enter th itions received that were promptly and or a political action committee (PAC)	ne amount paid from directly delivered t additional space i	n the filing organization's of a separate political orgation is needed, provide informa (d) A mount paid from filing organization's	(e) A mount of contributions and prompt directly delivered organization	political received by and ered to a litical If none,
	organization made payment amount of political contribu separate segregated fund o	s and employer identification number (Est For each organization listed, enter the litions received that were promptly and erra political action committee (PAC). In (b) Address	ne amount paid from	n the filing organization's of a separate political orgation is needed, provide informa (d) A mount paid from filing organization's	(e) A mount of contributions and prompt directly delivered organization	political received y and red to a litical If none,
	organization made payment amount of political contribu separate segregated fund o	s and employer identification number (Est For each organization listed, enter the litions received that were promptly and erra political action committee (PAC). In (b) Address	ne amount paid from	n the filing organization's of a separate political orgation is needed, provide informa (d) A mount paid from filing organization's	(e) A mount of contributions and prompt directly delivered organization	political received y and red to a litical If none,
	organization made payment amount of political contribu separate segregated fund o	s and employer identification number (Est For each organization listed, enter the litions received that were promptly and erra political action committee (PAC). In (b) Address	ne amount paid from	n the filing organization's of a separate political orgation is needed, provide informa (d) A mount paid from filing organization's	(e) A mount of contributions and prompt directly delivered organization	political received y and red to a litical If none,
	organization made payment amount of political contribu separate segregated fund o	s and employer identification number (Est For each organization listed, enter the litions received that were promptly and erra political action committee (PAC). In (b) Address	ne amount paid from	n the filing organization's of a separate political orgation is needed, provide informa (d) A mount paid from filing organization's	(e) A mount of contributions and prompt directly delivered organization	political received y and red to a litical If none,
	organization made payment amount of political contribu separate segregated fund o	s and employer identification number (Est For each organization listed, enter the litions received that were promptly and erra political action committee (PAC). In (b) Address	ne amount paid from	n the filing organization's of a separate political orgation is needed, provide informa (d) A mount paid from filing organization's	(e) A mount of contributions and prompt directly delivered organization	political received y and red to a litical If none,
	organization made payment amount of political contribu separate segregated fund o	s and employer identification number (Est For each organization listed, enter the litions received that were promptly and erra political action committee (PAC). In (b) Address	ne amount paid from	n the filing organization's of a separate political orgation is needed, provide informa (d) A mount paid from filing organization's	(e) A mount of contributions and prompt directly delivered organization	political received y and red to a litical If none,
	organization made payment amount of political contribu separate segregated fund o	s and employer identification number (Est For each organization listed, enter the litions received that were promptly and erra political action committee (PAC). In (b) Address	ne amount paid from	n the filing organization's of a separate political orgation is needed, provide informa (d) A mount paid from filing organization's	(e) A mount of contributions and prompt directly delivered organization	political received y and red to a litical If none,

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)	(3) and file	ed Form 5768	(election
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		affiliated grou	up member's nam	e, address, EIN,
<u> </u>	Limits on Lobbying E (The term "expenditures" means a	xpenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
	Total lobbying expenditures to influence public of	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	/ing)	-		
c	Total lobbying expenditures (add lines 1a and 1	b)		Ī		
d	Other exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	00		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00			
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				1
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		Γ		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		Γ		
j	If there is an amount other than zero on either lissection 4911 tax for this year?	ne 1h or line 1ı, did the	organization file Fo	orm 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not h r lines 2a throu	avè to con ıgh 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
ь —	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots non-taxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

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

	(election under section 501(h)).	(a)		(a) (b		
		Yes	No	,	A moun	t
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	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i		•			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		•			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	501(c)(5), c	rse	ectio	n
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	Yes	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1			1,86	2,55
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				•	

1	Dues, assessments and similar amounts from members		1,862,552
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	309,255
b	Carryover from last year	2b	-382,911
c	Total	2c	-73,656
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	111,753
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-185,409

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319046972

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	e of the organization DNAL ACADEMY OF ELDER LAW ATTORNEYS		Emp	loyer identific	cation numbe	er
*W11/	ORAC ACADEMI OF LEDER DAW AFTORNETS	86-0	86-0620517			
Par	organizations Maintaining Donor Ac organization answered "Yes" to Form 99	0, Part IV, line 6.			·	
		(a) Donor advised funds	((b) Funds and	other accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		nor advi	sed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				☐ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part 1	IV, line 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure)	certifie	d historic stru		a
	easement on the last day of the tax year					
				Held at th	e End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	toric structure included in (a)	2c			
	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by th	ne organizatioi	n during	
	the taxable year 🛌					
	Number of states where property subject to conserva	ition easement is located 🕨				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	—— dling of	violations, ar	nd ┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	uring the vear	•	
	A mount of expenses incurred in monitoring, inspecting				•	
	►\$	ig, and emoreing conservation casements	3 danni	y the year		
		/d) above cation the requirements of acc				
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				☐ Yes	□No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial			•	
rt	Organizations Maintaining Collectio Complete if the organization answered "		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch ın fu			≘,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or finan			
	Revenues included in Form 990, Part VIII, line 1	-		▶ - ¢		
	,					
)	Assets included in Form 990, Part X			▶ \$		

Par	311 Organizations Maintaining Co	illections of Art	t, His	tori	<u>cal Tı</u>	reasu	res, or (the	r Similar A	sset	5 (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	_		-		se of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexch	ange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	v the	/ furthe	er the o	rganızatıoı	n's ex	empt purpose	ın :		
5	During the year, did the organization solicities	or receive donation	s of art	t hie	torical	treasuu	res or othe	reim	ılar			
•	assets to be sold to raise funds rather than t								iiui	Γ Y∢	es	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	ed "Ye	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontribu	ıtıons o	r other as:	sets n	not	Γ γ	es	Г No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	follow	ing ta	able		г					
							-		A	mount	<u>t</u>	
С	Beginning balance						-	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							Γ Yα	es	∏ No
ь	If "Yes," explain the arrangement in Part XIV	/										
Pa	rt V Endowment Funds. Complete											
4_	Decimina of very halance	(a)Current Year	(b)	Prior \	<u>rear</u>	(c)Two	Years Back	(d)1	Three Years Back	(e)F	our Ye	ars Back
1a -	Beginning of year balance					<u> </u>		+		+-		
b	Contributions					<u> </u>		+		+		
С.	Investment earnings or losses							+		+		
d	Grants or scholarships					<u> </u>		+		_		
e	Other expenditures for facilities and programs											
f	Administrative expenses									1		
g	End of year balance									1		
2	Provide the estimated percentage of the yea	r end balance held	as					_				
а	Board designated or quasi-endowment											
Ь	Permanent endowment											
c 3a	Term endowment ► Are there endowment funds not in the posses	ssion of the organiz	ation t	thata	re hel	d and a	dministere	d for i	the			
J u	organization by	Join of the organiz	.ucioni	indi c		a ana a		u 101 .		[·	Yes	No
	(i) unrelated organizations								3	a(i)		
	(ii) related organizations								3	a(ii)	!	
	If "Yes" to 3a(II), are the related organizatio							•		3b		
4	Describe in Part XIV the intended uses of th					1.0						
Par	t VI Land, Buildings, and Equipme	int. See Form 99	90, Pa]				
	Description of property				n) Cost o	or other stment)	(b)Cost or basis (otl		(c) Accumulat depreciation		(d) Bo	ok value
1 a	Land		•							\perp		
b	Buildings		•							\perp		
c	Leasehold improvements									\dashv		
d	Equipment		•				5	1,083	27	,509		23,574
е	Other						l 18	6,899	28	,511		158,388
	I. Add lines 1a-1e (Column (d) should equal Fo											

	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
\-,	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(a) Descrip		(B) Book value
Total (Column (h) should equal Form 990, Part Y, col (R) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
,	, line 25. (b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,498,054
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,209,708
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	288,346
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	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	288,346
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,538,604
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 40,550		
е	Add lines 2a through 2d	2e	40,550
3	Subtract line 2e from line 1	3	2,498,054
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,498,054
Part	XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	2,222,916
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	13,208
3	Subtract line 2e from line 1	3	2,209,708
4	A mounts 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		
ь	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,209,708
	rt XIV Supplemental Information	1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1a and 4, Pa	art IV .	lines 1b and 2b.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE, NAELA IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES OTHER THAN UNRELATED BUSINESS INCOME NO TAX PROVISION WAS MADE AT DECEMBER 31, 2011 AND 2010, AS NAELA HAD NO SIGNIFICANT UNRELATED BUSINESS INCOME NAELA HAD NO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
PART XII, LINE 2D - OTHER ADJUSTMENTS		PAC INCOME 40,550
PART XIII, LINE 2D - OTHER ADJUSTMENTS		PAC EXPENSES 13,208

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493319046972

OMB No 1545-0047

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization NATIONAL ACADEMY OF ELDER LAW ATTORNEYS **Employer identification number**

86-0620517

Pa	rt I Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\vdash	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses descr			1b		
2	Did the organization require substantiation prior to re					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	art VII	, Section A , line 1a with respect to the filing organization $% \left(1\right) =\left(1\right) \left(1\right$			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		, ,	7		
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in in Part III	kegs s	section 53 4958-4(a)(3)/ IT "Yes," describe	8		
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	able presumption procedure described in Regulations	9		

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

	-							
(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) PETER WACHT	(1) 11)	171,877 0	0	-	10,406 0	7,141 0		

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	Ident if ier	Return Reference	Explanation
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Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization NATIONAL ACADEMY OF ELDER LAW ATTORNEYS

Employer identification number

86-0620517

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	TWO MEMBERS OF THE BOARD OF DIRECTORS, HOWARD KROOKS AND MICHAEL AMORUSO, HAVE A BUSINESS RELATIONSHIP
	FORM 990, PART VI, SECTION A, LINE 4	NAELA'S MEMBERSHIP APPROVED AN UPDATED VERSION OF ITS BY LAWS IN JANUARY 2011 THE NEW BY LAWS OFFER CLARIFICATION IN SEVERAL AREAS, RANGING FROM NOMINATIONS TO THE BOARD TO MEMBERSHIP CATEGORIES
	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	MEMBERS OF THE GOVERNING BODY ARE ELECTED BY NAELA MEMBERS SERVING ON A NOMINATING COMMITTEE
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERSHIP ALSO VOTES ON PROPOSED BY LAWS AMENDMENTS AND QUESTIONS PLACED IN FRONT OF THE MEMBERSHIP BY THE BOARD AS SET OUT IN THE BY LAWS
	FORM 990, PART VI, SECTION B, LINE 11	PREPARATION OF DRAFT BY THE OUTSIDE ACCOUNTANTS 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, THE COMMITTEE COMPLETES ITS EVALUATION OF EXECUTIVE DIRECTOR PERFORMANCE IN 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, 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 FOLLOWING THAT, THE CHAIR OF THE PERFORMANCE REVIEW COMMITTEE PRESENTS THEIR REPORT AND PROPOSED WRITTEN EVALUATION OF THE EXECUTIVE DIRECTOR'S COMPENSATION OR EMPLOYEE BENEFITS THE BOARD IN EXECUTIVE SESSION THE TREASURER ALSO PRESENTS THE RECOMMENDATIONS OF THE FINANCE AND EXECUTIVE SESSION THE TREASURER ALSO PRESENTS THE RECOMMENDATIONS OF THE FINANCE AND EXECUTIVE DIRECTOR'S COMPENSATION OR EMPLOYEE BENEFITS. THE BOARD DISCUSSES AND FINALIZES THE WRITTEN EVALUATION OF 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
	FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

DLN: 93493319046972

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ATIONAL ACADEMY OF ELDER LAW ATTORNEYS				Employer i	dentification number		
THIS WENCH SET OF ELBER BW ATTORNES				86-06205	17		
Part I Identification of Disregarded Entities (Com	plete if the organization	answered "Yes"	on Form 990, Pai	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	(f) Direct controlling entity		
			+				
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete If y the tax year.)	the organization	answered "Yes" (on Form 990, F	art IV, line 34 becaus	e it had	one
(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 sta (if section 501(c)(Section 5 conti	g) 12(b)(13 rolled ization
						Yes	No
(1) NATIONAL ACADEMY OF ELDER LAW ATTORNEYS SENIOR RIGHTS POLITICAL ACTION COMM 1577 SPRING HILL ROAD VIENNA, VA 22182 20-0438816	ACCEPTING AND DISTRIBUTING CAMPAIGN CONTRIBUTIONS	VA	527		NAELA		No
(2) NATIONAL ACADEMY OF ELDER LAW ATTORNEYS FOUNDATION							
1577 SPRING HILL ROAD VIENNA, VA 22182		VA	501(C)(3)				No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
_			<u> </u>					<u> </u>

(6)

Pai	Transactions With Related Organizations (Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1 a		No
b	Gift, grant, or capital contribution to related organization(s)			1b		No
c	Gift, grant, or capital contribution from related organization(s)			1c		No
d	Loans or loan guarantees to or for related organization(s)			1d		No
е	Loans or loan guarantees by related organization(s)			1e		No
f	Sale of assets to related organization(s)			1f		No
g	Purchase of assets from related organization(s)			1 g		No
h	Exchange of assets with related organization(s)			1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from related organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		No
1	Performance of services or membership or fundraising solicitations by related organization(s)			11		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		No
n	Sharing of paid employees with related organization(s)			1n		No
o	Reimbursement paid to related organization(s) for expenses			10		No
p	Reimbursement paid by related organization(s) for expenses			1р		No
q	O ther transfer of cash or property to related organization(s)			1 q		No
r	O ther transfer of cash or property from related organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transact	non thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt
(1)						
(2)						
(3)						
(4)						
(5)						
(-)		1	1			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	5	(e) Are all partners section 601(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloca	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		(k) Percentage ownership
			311)	Yes	No			Yes	No		Yes	No	
				<u> </u>									

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation	

Schedule R (Form 990) 2011