PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

and ending JUN 30,

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

2022

JUL 1,

Open to Public

В	Check if applicable	C Name of organization	D Employer identifi	cation number
Г	Addres			
F	lchange		83-14676	73
F	change Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room		
F	Final return/	139 EAST PUTNAM AVENUE #213 213		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	290,313.
	Amend return		H(a) Is this a group r	
	Application	F Name and address of principal officer: CRAIG ELKIND	for subordinates	
	pendin	1 139 EAST PUTNAM ROAD, #213, GREENWICH, CT	0 H(b) Are all subordinates i	ncluded? Yes No
1	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions
	Websit		H(c) Group exemption	
		·	Year of formation: 2018	M State of legal domicile: CT
Р		Summary	GTON OF GDEGTA	T EDIIOAMTON
S	1 1	Briefly describe the organization's mission or most significant activities: THE MIS LEGAL FUND, INC. (S.E.L.F.) IS TO LEVEL THE	SION OF SPECIA	T EDUCATION
Governance				
Veri	3 1	Check this box if the organization discontinued its operations or disposed or Number of voting members of the governing body (Part VI, line 1a)	1	ssets. 14
		Number of voting members of the governing body (Part VI, line 1a)		14
ە ئ	5	otal number of individuals employed in calendar year 2022 (Part V, line 2a)		0
jŧ	6	Total number of volunteers (estimate if necessary)		0
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
⋖	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
<u>o</u>	8 (Contributions and grants (Part VIII, line 1h)		240,005.
Revenue	9 1	Program service revenue (Part VIII, line 2g)	0.	0.
₹	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	•	4,995.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	001 (05	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		245,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		161,441.
	I	Benefits paid to or for members (Part IX, column (A), line 4)	· -	0.
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
oeu	loa i	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 23, 209.	.	0.
X	17 (Otal full draising expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25 500	56,309.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22112	217,750.
		Revenue less expenses. Subtract line 18 from line 12		27,250.
<u> </u>	3	1	Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	116,107.	147,933.
t As	21	Total liabilities (Part X, line 26)	12,500.	17,076.
		Net assets or fund balances. Subtract line 21 from line 20	103,607.	130,857.
	art II	Signature Block		
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules and	·	ly knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer nas any knowledge.	
~ :		Signature of officer	I Date	
Sig He		CRAIG ELKIND, TREASURER	2410	
пе	ie [Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		SANDRA D. CALLANAN, CPA	11/06/23 if self-employ	P01200948
		Firm's name CIRONEFRIEDBERG, LLP	Firm's EIN 0	6-1533315
		Firm's address 6 RESEARCH DRIVE, #450		
		SHELTON, CT 06484	Phone no. 20	3-366-5876
Ма	y the IR	S discuss this return with the preparer shown above? See instructions		X Yes No
				E 000 (0000)

Page 2

Га		Service Accomplishments		
	Check if Schedule O contains	a response or note to any line in this Part I	II	X
1	Briefly describe the organization's mi			
		CIAL EDUCATION LEGAL :		
		FIELD FOR FAMILIES IN		
	SPECIAL EDUCATION	SYSTEM. S.E.L.F. PRO	VIDES RESOURCES, KNOW	LEDGE AND
	EMPOWERMENT TO SUP	PORT FAMILIES IN THE	SPECIAL EDUCATION ADV	OCACY IN
2	Did the organization undertake any s	ignificant program services during the yea	r which were not listed on the	
	-			Yes X No
	If "Yes," describe these new services			
3		ng, or make significant changes in how it c	onducts, any program services?	Yes X No
•	If "Yes," describe these changes on		oridable, any program dervices.	
4		service accomplishments for each of its the	aroo largost program sorvicos, as moasuro	nd by expenses
-		nizations are required to report the amount		• •
			of grants and allocations to others, the to	otal expenses, and
	revenue, if any, for each program ser	vice reported.	161 //1	
4a	(Code:) (Expenses \$	167,088 including grants of \$	161,441.) (Revenue \$	·DEG
		ROGRAM: THE LEGAL ASS		
		ATION IMPROVEMENTS AN		
		LIES EXPERIENCING FIN		
		L EDUCATION. OUR MISS		
		CURE A QUALIFIED SPEC		
	ADVOCATE FOR THEIR	CHILD'S FREE AND APP	ROPRIATE PUBLIC EDUCA	TION
	RIGHTS. SPECIAL ED	UCATION LEGAL FUND AC	CEPTS GRANT APPLICATI	ONS FOR THE
	LEGAL ASSISTANCE PI	ROGRAM ON A ROLLING B	ASIS THROUGHOUT THE Y	EAR BASED
	ON EXISTING FUNDING			
		<u> </u>		
4h	(0.1) (0	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-			
4c	(Code:) (Expenses \$	in all alians are set the) (D	
40	(Code:) (Expenses \$	including grants of \$) (Revenue \$,
	-			
4d	Other program services (Describe on	Schedule ()		
+u	Other program services (Describe on	,) /p	,
10	(Expenses \$	including grants of \$ 167,088.) (Revenue \$)
4e	Total program service expenses	±01,000•		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 '`
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	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			١
	Schedule K. If "No," go to line 25a	24a		Х
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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			X
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Α.
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
·	"Yes," complete Schedule L, Part IV	28c		х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

SPECIAL EDUCATION LEGAL FUND, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0	OI-		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b		Х
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		rity over a	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	40		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	тц?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nte (FRAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
-	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
-	were not tax deductible?			6b		
7	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 set	vices p	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?		•	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation (in the organization of the organization) and the organization of the	orm 88	399 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	е			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	۔مد ا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Gross income from members or shareholders	11a	I			
a h	Gross income from other sources. (Do not net amounts due or paid to other sources against	Ha				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

	On the Control of the			X
	Check if Schedule O contains a response or note to any line in this Part VI			Λ
Sec	tion A. Governing Body and Management		.,	
	Enter the number of voting members of the governing body at the end of the tax year 14		Yes	No
та	Enter the manifest of voting members of the governing body at the one of the tax your	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Forter the number of voting members included on line 1a, above, who are independent 14			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Х	
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		 ₩
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Α_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l <u> </u>		x
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		x
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	۱		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	1 , , , , , ,	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Δ_	
С		۱	Х	
	on Schedule O how this was done	12c	Δ_	v
13	Did the organization have a written whistleblower policy?	13	v	Х
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CT			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CRAIG ELKIND - 203-489-3115			
	139 EAST PUTNAM AVENUE, #213, GREENWICH, CT 06830			

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

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

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

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

(A)	(B)	1		(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c	Pos heck ss pe	itior more erson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHRISTINE LAI	40.00	.								
EXECUTIVE DIRECTOR		Х		Х				0.	0.	0
(2) ULRIKA DRINKAL	7.50							_	_	_
CHAIR		Х		Х				0.	0.	0.
(3) MICHAEL DELGASS	3.50							_	_	_
VICE CHAIR		Х		Х				0.	0.	0
(4) CRAIG ELKIND	7.50	4								
TREASURER		Х		Х				0.	0.	0 .
(5) ROBERT RUSSO	2.00	ļ								
DIRECTOR		Х						0.	0.	0 .
(6) LISA TRUMP	5.00	١		l						
SECRETARY	2.50	Х		Х				0.	0.	0 .
(7) LARA DAMASHEK	3.50	۱.,								
VICE CHAIR	2.00	Х		Х				0.	0.	0 .
(8) ADRIANA OSPINA	2.00	١,,								
DIRECTOR	2.00	Х						0.	0.	0
(9) BETH SUGERMAN	2.00	١,,								
DIRECTOR	2.00	Х						0.	0.	0
(10) WILLIAM DEHAVEN	2.00	٠,,								
DIRECTOR	2 00	Х			<u> </u>			0.	0.	0
(11) LAURIE HEISS	2.00	X						0.	0.	_
DIRECTOR (12) GERDANNER DELENWER	20.00	^			<u> </u>			0.	0.	0
(12) STEPHANIE BILENKER	20.00	X						0.	0.	0 .
DIRECTOR (13) VIRGINIA BLUM	2.00	^						0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0
(14) MARGARET GREGORY	2.00	^			\vdash			0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
DIRECTOR		1			\vdash			0.	0.	
					\vdash					
		-	1			1				

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do box	not c	Pos heck ss pe	ition more rson irecto		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	on d s SC/	com fr org	(F) stimate nount of other pensar om the anizati d relate anization	of tion e on ed
		=	=	0	<u> </u>	≖ 5	Ε.						-
			_										
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	le			0
compensation from the organization												Yes	No
3 Did the organization list any former officer													Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si								her compensation from			3		
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•				-		elat	ed organization or indiv	idual for services	;	5		х
Section B. Independent Contractors	ipiete Scriedur	e J i	OF SI	JCH	pers	SOII .					3		
1 Complete this table for your five highest co										npens	ation 1	rom	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax : (B)	year.		((:)	
Name and business	address	N	INC	3				Description of s	ervices	С		nsatior	1
							\dashv						
							_						
2 Total number of independent contractors (-	ot li	mite	d to		_	sted	d above) who received n	nore than				
\$100,000 of compensation from the organ	zation				(0						000 4	

Form 990 (2022) SPECIAL
Part VIII Statement of Revenue

		Check if Schedule O contains a r	eenoneo	or note to any lin	e in this Part VIII			
		Officer if Schedule O Cofficility at	Capolise	or note to arry IIII	(A)	(B)	(C)	
					Total revenue	Related or exempt		Revenuè éxcluded
						function revenue	business revenue	from tax under sections 512 - 514
(A (A)			.					Sections 512 - 514
nts I			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b	156 100				
A,	С		1c	176,122.				
iar Iar	d	Related organizations	1d					
Similar imi	е	Government grants (contributions)	1e					
i si	f	All other contributions, gifts, grants, and						
la gi		similar amounts not included above	1f	63,883.				
	g	Noncash contributions included in lines 1a-1f	1g \$	18,335.				
a C	h	Total. Add lines 1a-1f			240,005.			
				Business Code				
o l	2 a	1						
Ş	b							
Ser	C							
E B								
gra	d							
Program Service Revenue	e	All -41						
_	т	All other program service revenue						
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including divider		1	4 005			4 005
					4,995.			4,995.
	4	Income from investment of tax-exem						
	5	Royalties						
		(i)	Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) Se	curities	(ii) Other				
		assets other than inventory 7a						
	h	Less: cost or other basis						
e l	~	and sales expenses 7b						
en	_	Gain or (loss) 7c						
Ş		Net gain or (loss)						
her Revenue		Gross income from fundraising events (no						
O th	0 a	486 400						
١								
		contributions reported on line 1c). Se		45,313.				
		Part IV, line 18		45,313.				
		Less: direct expenses		45,313.	0			
		Net income or (loss) from fundraising			0.			
	9 a	Gross income from gaming activities.						
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gaming act	ivities					
	10 a	Gross sales of inventory, less returns	;					
		and allowances	10a					
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inv	entory					
<u>"</u>		· ,	·	Business Code				
اء ou	11 a	1						
nue	b							
Miscellaneous Revenue	c							
<u>is</u>		All other revenue						
Σ		• Total. Add lines 11a-11d						
	12	Total revenue See instructions			245.000.	0.	0.	4.995.

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B) I	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	161 441	161 441		
	individuals. See Part IV, line 22	161,441.	161,441.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	7,200.		7,200.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				_
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	5,647.	5,647.		
		842.	3,017.	842.	
13	Office expenses	6,783.		6,783.	_
14	Information technology	0,703.		0,703.	
15	Royalties	11,917.		11,917.	
16	Occupancy	11,91/•		11,91/•	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	611.		611.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	FUND-RAISING EVENTS	17,654.			17,654.
b	CREDIT CARD FEES	5,555.			5,555.
c	FILING FEES	100.		100.	.,
d				= = = =	
e	All other expenses			+	
25	Total functional expenses. Add lines 1 through 24e	217,750.	167,088.	27,453.	23,209.
<u>25</u> 26	Joint costs. Complete this line only if the organization		_0,,000.	27,455	20,200
20	reported in column (B) joint costs from a combined				
	* * * * * * * * * * * * * * * * * * * *				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	11 10110 Willig COT CO 2 (100 000 120)				
23201	0 12-13-22				Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	106,701.	1	128,975
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	7,999
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,000.	15	10,959
	16	Total assets. Add lines 1 through 15 (must equal line 33)	116,107.	16	147,933
	17	Accounts payable and accrued expenses	1 - 1 1	17	7,200
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ģ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 350	%		
ap		controlled entity or family member of any of these persons		22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	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 3	(
		of Schedule D	6,000.	25	9,876
	26	Total liabilities. Add lines 17 through 25		26	17,076
		Organizations that follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	97,607.	27	130,857
Ba	28	Net assets with donor restrictions		28	0
בַּ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
၀	29	Capital stock or trust principal, or current funds		29	
ser	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ret	32	Total net assets or fund balances		32	130,857
_	33	Total liabilities and net assets/fund balances		33	147,933

consolidated basis, or both: Separate basis

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

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 on Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Consolidated basis

Form 990 (2022)

Х

Х

2c

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization

SPECIAL EDUCATION LEGAL FUND, INC.

Employer identification number 83-1467673

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	184,630.	74,758.	82,446.	92,957.	82,218.	517,009.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	184,630.	74,758.	82,446.	92,957.	82,218.	517,009.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						517,009.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 82,446.	(d) 2021 92,957.	(e) 2022 82,218.	(f) Total
7	Amounts from line 4	184,630.	74,758.	82,446.	92,957.	82,218.	517,009.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						E17 000
	Total support. Add lines 7 through 10		,				517,009.
12	'					12	
13	First 5 years. If the Form 990 is for th	-		•			X
<u>S</u>	organization, check this box and stop ction C. Computation of Publ						<u>A</u> _
	Public support percentage for 2022 (acluma (fl)		14	
	Public support percentage from 2021					15	
	33 1/3% support test - 2022. If the o						
IUa	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
174	and if the organization meets the fact						
	meets the facts-and-circumstances to		·	-	•	vi now the organiz	
h	10% -facts-and-circumstances tes	•			•		
	more, and if the organization meets the						1070 01
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization						

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

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

Se	ction A. Public Support	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	3		
	9a		
	0.		
	9b		
	9c		
	10a		
	461		
ماريا	10b	~ 000	

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2022 SPECIAL EDUCATION LEGA	L FUND	, INC.	83-1467673 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

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

5

6

Schedule A (Form 990) 2022

Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

9

9

Distributable amount for 2022 from Section C, line 6

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			
				hadula A /Farm 000\ 0000

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

SPECIAL EDUCATION LEGAL FUND, INC. Employer identification number 83-1467673

Pai	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	, , ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's or	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated)	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
7	Amount of overage incurred in monitoring increasing band	ling of violations, and enforcing concern	votion accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and emorcing conserv	valion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(R)(i)
Ŭ	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	oto to the organization o financial state	mente that decombes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colui	mn (B), line 10c.)		0 .

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	CATION LEGAL	FUND, INC.	83-1467673 Page 3
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h Soo Form 000 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
	(b) Dook value	(c) Method of Valuation. Cost of	- Ind-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	us Faura 000 David IV lines	11. Cas Farms 000 Part V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r and of year market value
	(b) Book value	(c) Method of Valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) LEASE DEPOSITS			1,000.
(2) RIGHT-OF-USE ASSET - OPERA	ATING LEASE		9,959.
(3)			

(a) Description	(b) Book value
(1) LEASE DEPOSITS	1,000.
(2) RIGHT-OF-USE ASSET - OPERATING LEASE	9,959.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	10,959.
Dort V Other Liebilities	10755

| Part X | Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	9,876.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,876.

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

Pai	rt XI Reconciliation of Revenue per Aud	ited Financial Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited fil	nancial statements	1	
2	Amounts included on line 1 but not on Form 990, Part	VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but	not on line 1:		
а	Investment expenses not included on Form 990, Part	VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Fo			
Pai	rt XII Reconciliation of Expenses per Auc	-	ises per Return.	
	Complete if the organization answered "Yes" or			
1	Total expenses and losses per audited financial states	ments	1	
2	Amounts included on line 1 but not on Form 990, Part	: IX, line 25:		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but n	1 1		
а	Investment expenses not included on Form 990, Part	VIII, line 7b 4a		
b		4b		
	Other (Describe in Part XIII.)	4b	4c	
c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal to			
c 5 Pa i	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal of the triangle of trian	Form 990, Part I, line 18.)	5	
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	Ί,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal of the triangle of trian	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	l,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	Ί,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number SPECIAL EDUCATION LEGAL FUND, INC. 83-1467673 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fullulaising event contributions and gr	033 111001110 0111 01111 030	EZ, IIIIOO I AIIA OD. LIOC	evente with groot receip	713 greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			ANNUAL EVENT			col. (c))		
ē			(event type)	(event type)	(total number)	(-)/		
Revenue	1	Gross receipts	221,435.			221,435.		
	2	Less: Contributions	176,122.			176,122.		
	3	Gross income (line 1 minus line 2)	45,313.			45,313.		
	4	Cash prizes						
Se	5	Noncash prizes						
xpense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses				45,313.		
	10					45,313.		
	11	Net income summary. Subtract line 10 from li	. ,			0.		
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	_		
		\$15,000 on Form 990-EZ, line 6a.						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Re	_	Overe verses						
	_	Gross revenue						
	2	Cash prizes						
ses	_	Guerr p. 1250						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
		·	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>				
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:					
		the organization licensed to conduct gaming a		Yes No				
	b If "No," explain:							
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No		
-	_	,						

Sch	ledule G (Form 990) 2022 SPECIAL EDUCATION LEGAL FUND, INC. 83-	L46/6	/ 3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	☐ Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
	- Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	es 🔲 No
	book and organization have a contact than a ania party from this organization received garning revenues.		
h	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
_	of gaming revenue retained by the third party \$		
_	c: If "Yes," enter name and address of the third party:		
٠	on 165, enter hame and address of the third party.		
	Name		
	Address		
	Address		
16	Coming manager information:		
16	Gaming manager information:		
	Mana		
	Name		
	Gaming manager compensation \$		
	Description of any income any ideal		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Ye	es LIII No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	i (Form 990)	SPECIAL	EDUCATION	LEGAL	FUND,	INC.	83-1467673 Page 4
Part IV	(Form 990) Supplemental Infor	mation (contin	ued)				
-							
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

	SPECIAL E	DUCATION	LEGAL FUND,	INC.				83-1467673
Part I	General Information on Grants a	nd Assistance						
criteria	the organization maintain records to used to award the grants or assist be in Part IV the organization's pro	stance?						
Part II	Grants and Other Assistance to recipient that received more than	Domestic Organi	zations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
	me and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	total number of section 501(c)(3) a							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SAL SUPPORT	62	161,441.	0.		
		·			
rt IV Supplemental Information. Provide the informat	ion required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SPECIAL EDUCATION LEGAL FUND, INC.

Employer identification number 83-1467673

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FAMILIES IN NEED WITH CHILDREN IN THE SPECIAL EDUCATION SYSTEM. S.E.L.F. PROVIDES RESOURCES, KNOWLEDGE AND EMPOWERMENT TO SUPPORT FAMILIES IN THE SPECIAL EDUCATION ADVOCACY IN CONNECTICUT, NEW YORK AND THE SURROUNDING AREAS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECTICUT, NEW YORK AND THE SURROUNDING AREAS. FORM 990, PART VI, SECTION A, LINE 2: CRAIG ELKIND (TREASURER) AND CHRISTINE LAI (EXECUTIVE DIRECTOR) ARE MARRIED FORM 990, PART VI, SECTION B, LINE 11B: THE TREASURER AND EXECUTIVE DIRECTOR INDIVIDUALLY AND JOINTLY REVIEW THE 990. FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE GOVERNING BODY ARE REQUIRED TO COMPLETE AND SIGN COI ON AN ANNUAL BASIS FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990 PART XII LINE 2C THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE REVIEW.

Schedule O (Form 990) 20	22					Page 2
Name of the organization		EDUCATION	LEGAL	FUND,	INC.	Employer identification number 83-1467673