LEGAL MOMENTUM

TAX RETURNS

YEAR ENDED JUNE 30, 2023





Form **99**

Department of the Treasury

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

interr	al Rever			mopeouon
AF	or the	2022 calendar year, or tax year beginning $\ \ JUL \ 1$, $\ \ 2022$ and endin	g JUN 30, 2023	
B c a	heck if pplicable	C Name of organization	D Employer identifie	cation number
	Addres			
	Name change		23-70854	42
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite E Telephone number	r
	 Final return/	32 BROADWAY, SUITE 1801	212 925	- 6635
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,753,605.
	Ameno	NEW IORK, NI 10004	H(a) Is this a group re	eturn
	Application	F Name and address of principal officer. CAROL A. DALDWIN MOOD	for subordinates	? Yes X No
	pendin	⁹ 32 BROADWAY, SUITE 1801, NEW YORK, NY 100	04 H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-exe	empt status: 🚺 501(c)(3) 📃 501(c) () (insert no.) 🗌 4947(a)(1) or 🧾	527 If "No," attach a	list. See instructions
	Vebsit		H(c) Group exemptio	
			Year of formation: 1970	State of legal domicile: DC
Pa	rt I	Summary		
¢)		Briefly describe the organization's mission or most significant activities: $egin{array}{ccc} {f LEGAL} & {f M} {f 0} \\ {f 0} \end{array}$		ION IS TO
Activities & Governance	:	ADVANCE GENDER EQUALITY FOR WOMEN UNDER THE	LAW.	
srna	2	Check this box if the organization discontinued its operations or disposed of		
ove				25
ۍ م		Number of independent voting members of the governing body (Part VI, line 1b)		24
es 2		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		21
Viti	6	Total number of volunteers (estimate if necessary)	6	6
Acti	7 a `	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)	1,977,983.	1,866,030.
Revenue		Program service revenue (Part VIII, line 2g)		0.
Sev Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-18,168.
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0 010 110	8,097.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	1,855,959.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
		Benefits paid to or for members (Part IX, column (A), line 4)	1 010	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	1,319,769.	1,354,116.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses				E04 202
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4	504,302.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	213,283.	<u>1,858,418.</u> -2,459.
<u> </u>		Revenue less expenses. Subtract line 18 from line 12		
ts or			Beginning of Current Year 1,688,523.	End of Year 2,585,829.
Assets		Total assets (Part X, line 16)		· · ·
et A nd F		Total liabilities (Part X, line 26)	155,480.	969,429.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20	1,533,043.	1,616,400.
Fa	ntH			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		ELECTIONICALLY FIL					
Here	CAROL A. BALDWIN MOODY	PI	RESIDENT & CEO					
	Type or print name and title							
	Print/Type preparer's name	-	Preparer's signature	Date	Check PTIN			
Paid	WILLIAM EPSTEIN				self-employed P0130717	1		
Preparer	Firm's name EISNER ADVISOR	Y G	ROUP LLC		Firm's EIN 87-1353108			
Use Only	ly Firm's address 733 THIRD AVENUE							
	NEW YORK, NY 10017-2703 Phone no.212-949-8700							
May the IRS discuss this return with the preparer shown above? See instructions								

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **8868** (Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

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

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

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

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

Type or	Name of exempt organization or other filer, see instruct	ctions.		Taxpayer identification number (TIN)				
print	LEGAL MOMENTUM				23-70	85442		
File by the due date for filing your		ee instruct	ions.					
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004								
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01		
Applicat	ion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990) or Form 990-EZ	01	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990)-PF	04	Form 5227			10		
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	D-T (trust other than above)	06	Form 8870			12		
Form 990	D-T (corporation) CAROL A. BALDWI	07						
 If the If this box > 1 I re the 2 If the 	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga calendar year or X tax year beginning JUL 1, 2022 he tax year entered in line 1 is for less than 12 months, ch Change in accounting period	Aroup Exe and atta MAX anization's , an neck reasc	mption Number (GEN) I ch a list with the names and TINs of Z 15, 2024, to file return for: d ending	f this is fo all memb	r the whole o ers the exter npt organizat 	group, check this		
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$								
b If t	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					-		
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.		
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by			•		
usi	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payment		
LHA F	or Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form 8	3868 (Rev. 1-2022)		

223841 04-01-22

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LEGAL MOMENTUM'S MISSION IS TO ADVANCE GENDER EQUALITY FOR WOMEN UNDER
	THE LAW.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$321,696. including grants of \$) (Revenue \$) (Revenue \$)
	ENSURING FAIRNESS IN THE COURTS THROUGH LEGAL MOMENTUM'S NATIONAL
	JUDICIAL EDUCATION PROGRAM (NJEP): THE AWARD-WINNING NJEP IS THE
	NATIONAL SOURCE FOR JUDICIAL EDUCATION ON SEXUAL VIOLENCE. NJEP
	PROVIDES TRAINING MATERIALS, SEMINARS AND CONFERENCES, AND WEBINARS FC
	JUDGES, PROSECUTORS, VICTIMS' ATTORNEYS AND ADVOCATES, AND OTHER
	JUSTICE SYSTEM PROFESSIONALS ABOUT THE WAYS IN WHICH GENDER BIAS CAN
	UNDERMINE FAIRNESS IN CRIMINAL, CIVIL, FAMILY, AND JUVENILE LAW. NJEP
	FOCUSES PRIMARILY ON SEXUAL ASSAULT CASES AND CASES INVOLVING THE
	INTERSECTION OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE.
4b	(Code:) (Expenses \$1,002,618. including grants of \$) (Revenue \$)
10	LEGAL PROGRAMS:
	LEGAL MOMENTUM'S LEGAL DEPARTMENT FOCUSES ON A NUMBER OF ISSUES
	IMPORTANT TO ADVANCING GENDER EQUALITY FOR WOMEN, INCLUDING:
	WORKPLACE EQUALITY AND ECONOMIC EMPOWERMENT: THROUGH OUR WOMEN VALUED
	INITIATIVE, LEGAL MOMENTUM IS IMPLEMENTING STRATEGIES TO ADVANCE GENDE
	EQUALITY IN THE WORKPLACE AND ENHANCE ECONOMIC SECURITY FOR WOMEN, WIT
	A FOCUS ON THE MOST VULNERABLE GROUPS, INCLUDING WOMEN OF COLOR, WOMEN
	WORKING IN LOW-WAGE INDUSTRIES, SURVIVORS OF GENDER-BASED VIOLENCE, AN
	IMMIGRANT WOMEN. (CONTINUED ON SCHEDULE O)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)
4d	

Form	990	(2022)
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 Form 990 (2022)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	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			<u> </u>
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
10	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, VII, IX, or X,			
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		21	
b		116		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	л	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- v
<i></i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u>_</u>		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- -
	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		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	3 12-13-22	Form	330	(2022)

Form **990** (2022)

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 Form 990 (2022)
 LEGAL MOMENTUM

 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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	0.51		v
~~	Schedule L, Part I	25b		<u> </u>
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%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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
20	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		<u></u>
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? <i>If</i>			
a		28a		х
Ь	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
U	"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	200	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	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
35a	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		Х
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	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990 ((2022)

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Form	990 (2022) LEGAL MOMENTUM		23-7085	442	Pa	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 21							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
				3a		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х		
b	If "Yes," enter the name of the foreign country							
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts	(FBAR)					
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?			50 50				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50				
oa				0.		х		
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or g	lifts					
	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 ser	vices pro	vided to the payor?	7a	X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requir	red					
	to file Form 8282?			7c		_X_		
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 co	ontract?		7e		X		
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899	as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:			9b				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
U.		446						
10-	amounts due or received from them.)	10412		10-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		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.			10				
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	і I						
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
				14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					х		
	excess parachute payment(s) during the year?							
	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	income	?	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	tivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							
232005	12-13-22			Form	990	(2022)		

10200109 721252 1015876-1048843

6 2022.05020 LEGAL MOMENTUM

1a Enter the number of volting members of the governing body, at the end of the tax year 1a 25 if there are matrial differences in volting rights samong members of the governing body, or if the governing body. 24 D dary officer, chicker, trustee, or key employee have a family redinationship or a business relationship with any other officers, chicker, chicker, chicker, or key employee have a family redinationship or a business relationship with any other officers, chicker, chick	_	Check if Schedule O contains a response or note to any line in this Part VI			X
1a Enter the number of voltage members of the governing body, of the expensing body delagate brad authority to an excube committee, explain of Schedule D. 1b 24 b Enter the number of voltage members included on line 1a, above, who are independent . 1b 24 c Did any officer, cirrector, trustee, or key employees? 2 X d Did any officer, cirrector, trustee, or key employees to a management others customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a specific duration of the organization have members in stackholders, or other person? 3 X 5 Did the organization become aware during the yave of a significant duration of the organization the organization the organization reserved to for subject to approval by members, stockholders, or the person who had the power to effect or appoint one or more members of the organization reserved to for subject to approval by members, stockholders, or the person who had the power to effect or subject to appoint one or more members of the organization reserved to for subject to approval by members, stockholders, or the person by the following: 8 6 Did the organization become aware during the mettings held or written actions and trustees or subcholders, or the person and addrasees on Schedule D. 7 8 7 Did the organization have members, stockholders, or other person and addrasees on Schedule D. 9 X 8 Did the organization have writhe number and addrasees on S	Sec	tion A. Governing Body and Management			-
If there are material differences in voting rights among numbers of the governing body, or if the governing to the standard authority to are seculare committee similar committee, spekin on Scheduld 0. Enter the number of voting members included on line 1a, above, who are independent	_			Yes	No
bety delegate bread authority to an executive committee or similar committee, explain on Schedule 0. 10 24 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other differ, director, trustee, or key employee to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 2 X 3 Did the organization needers is givening documents since the pior Form 990 was filed? 5 X 4 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the oxyming body? 6 X 5 Did the organization neesense of accholders? 7a X 6 Did the organization neesense stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8a X b Did the organization contemporaneously accument the meetings held or written actions undertaken during the year by the following: 7a X a Did the organization neeseneously accument the meetings held or written actions undertaken during the year by the following: 7a X b Each committee written on the proven on body? 8a X 9a b Eac	1 a		<u> </u>		
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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? 14 X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X 15b X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? 16a X 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULLE O 16b 16b 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) available for public inspection. Indicate how you made these available. Check all that apply. 16b 16b 16b 16b 16b 16b 16b 16b		on Schedule O how this was done	12c		
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CAROL A. BALDWIN MOODY - 212-925-6635	Sec 17	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an		cial	
	Sec 17 18	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.		cial	
32 BROADWAY, SUITE IOUI, NEW YORK, NY IUUU4	Sec 17 18	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records		cial	
32006 12-13-22 Form 990 (202	Sec 17 18 19	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website Another's website <u>X</u> Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CAROL A. BALDWIN MOODY - 212-925-6635		cial	

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Form 990 (2022) LEGA	L MOMENTUM	23-7085442	Page 7				
Part VII Compensation of Office	cers, Directors, Trustees, Key Emple	oyees, Highest Compensated					
Employees, and Indep	endent Contractors						
Check if Schedule O contains	s 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average			Position (do not check more than one			ne	Reportable	Reportable	Estimated
	hours per	box, unle		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of		
	week		Jer an	aaa	recio	n/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1099-NEC)	and related
	below	Individual trustee or director	Institutional trustee	L.	Key employee	st co	Ŀ			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) CAROL A. BALDWIN MOODY	50.00									
PRESIDENT & CEO		Х		Х				205,332.	0.	27,980.
(2) LYNN H. SCHAFRAN	35.00									
SENIOR VICE PRESIDENT		Х						146,233.	0.	27,980.
(3) JENNIFER M. BECKER-ALLBEE	35.00									
LEGAL DIRECTOR		Х						127,538.	0.	37,170.
(4) SEHER KHAWAJA	35.00									
DEPUTY LEGAL DIRECTOR		Х						105,144.	0.	37,170.
(5) AMY DORN KOPELAN	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) AMY S. LEDER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) CAROLYN D. RICHMOND	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CATHERINE ZINN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) DEDE THOMPSON BARTLETT	2.00									
DIRECTOR (THROUGH 04/23)		Х						0.	0.	0.
(10) EILEEN SIMON	2.00									
CHAIR		Х		Х				0.	0.	0.
(11) ESHA BANDYOPADHYAY	2.00								•	
DIRECTOR		X						0.	0.	0.
(12) G. ELAINE WOOD	2.00			37					0	
GENERAL COUNSEL	2 00	X		Х				0.	0.	0.
(13) GLYNNA CHRISTIAN	2.00	x						0.	0	
DIRECTOR	2 00	~						0.	0.	0.
(14) JAY W. WAKS	2.00	x		х				0.	0.	0.
VICE CHAIR (15) JESSICA S. CAREY	2.00	^		^				0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(16) KAREN E. SILVERMAN	2.00	~						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(17) KIM GANDY	2.00							0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
	1	17				I	1	. 0.	0.	Form 990 (2022)
232007 12-13-22										F0IIII 000 (2022)

Form 990 (2022) LEGAL MOM	IENTUM								23-708	5442 F	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(do			itior more	۱ than o	one	Reportable	Reportable	Estimat	ed
	hours per	box	, unles	ss pei	rson i	is both pr/trus	n an	compensation	compensation	amount	
	week					1/1/1/1/13		- from	from related	other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compens from th	
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organiza	
	organizations	truste	al trus		/ee	mper		1099-NEC)	1000 1120)	and rela	
	below	ndividual trustee or director	Institutional trustee	5	ƙey employee	est co oyee	er	,		organizat	ions
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(18) LAURA A. WILKINSON	2.00										
VICE CHAIR		Х		Х				0.	0	,	0.
(19) LORI B. LESKIN	2.00										
DIRECTOR		Х						0.	0	,	0.
(20) MARY GAIL GEARNS	2.00										
DIRECTOR		Х						0.	0	,	0.
(21) MEENA L. ELLIOTT	2.00										
FIRST VICE CHAIR		Х		Х				0.	0	,	0.
(22) MEREDITH MOORE	2.00										
DIRECTOR		Х						0.	0	,	0.
(23) NANCY B. SALTZMAN	2.00										
DIRECTOR		Х						0.	0	,	0.
(24) ROBERT M. KAUFMAN	2.00										
VICE CHAIR		Х		Х				0.	0	,	0.
(25) SHERYL KOVAL GARKO	2.00										
DIRECTOR		Х						0.	0	,	0.
(26) STEPHANIE A. SHERIDAN	2.00										
DIRECTOR		Х						0.	0		0.
1b Subtotal								584,247.	0		00.
c Total from continuation sheets to Part VI	, Section A							0.	0		0.
d Total (add lines 1b and 1c)								584,247.	0	130,3	00.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											4
										Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	mpl	oye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for su	uch individual									3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4 X	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	lual for services		
rendered to the organization? If "Yes, " com	plete Schedule	e J fe	or su	ıch į	bers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compens	ation from	
the organization. Report compensation for t	he calendar ye	ear e	endin	ng w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	NC	ONE	6				Description of s	ervices	Compensatio	ิท
2 Total number of independent contractors (ir	0	ot lin	nitec	i to		•	ted	above) who received mo	bre than		
\$100,000 of compensation from the organiz		T NT	TT 7	<u>m </u>		-	uт	ידחמ		- 000	(0.0.5.2)
SEE PART VII, SECTION	A CONT	тΝ	υA	т. Т	ON	5	пĽ	ццр 1.2		Form 990	(2022)

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Form 990 LEGAL MON									23-708	5442
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					o yee		the	organizations	compensation
	(list any	rector				em plo		organization	(W-2/1099-MISC)	from the
	hours for	or di	9			ated 6		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee		æ	Highest compensated employee				and related
	organizations	lal tru	onal		Key employee	com				organizations
	below	lividu	stituti	Officer	y em	ghest	Former			
	line)	Ē	Ĕ	q	Ke	Ŧ	Б			
(27) SUSAN B. LINDENAUER	2.00									
TREASURER		х		X				0.	0.	0.
(28) VILIA B. HAYES	2.00									
DIRECTOR		Х						0.	0.	0.
(29) YVETTE D. VALDEZ	2.00									_
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1								
	•			•			•			
Total to Part VII, Section A, line 1c										
								•		

232201 04-01-22

Pa	rt VIII	Statement of Rev	venue						
		Check if Schedule O c	contains a resp	onse or	r note to any lin	e in this Part VIII	(B)	(0)	
						(A) Total revenue	(D) Related or exempt	Unrelated	(D) Revenue excluded
						rotarrevenue	function revenue	business revenue	from tax under
									sections 512 - 514
nts	1 a	Federated campaigns	<u>1a</u>						
Contributions, Gifts, Grants and Other Similar Amounts	b		<u>1b</u>						
An C	С	Fundraising events		8	378,905.				
lar ,	d	Related organizations	<u>1d</u>						
js, i	е	Government grants (contri	ibutions) 1e	2	222,388.				
rti S	f	All other contributions, gifts,	grants, and	_					
ibu F		similar amounts not included			64,737.				
d tr	g	Noncash contributions included in I	lines 1a-1f 1g	\$	59,314.				
<u>0</u> E	h	Total. Add lines 1a-1f				<u>1,866,030.</u>			
				L	Business Code				
e	2 a								
Program Service Revenue	b								
Senu	С								
e an	d								
- BG	е								
Ъ	f	All other program service	revenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (includ	ling dividends,	interest	t, and				
		other similar amounts)				34,863.			34,863.
	4	Income from investment o	of tax-exempt b	ond pro	oceeds				
	5	Royalties	. <u></u>						
			(i) Rea		(ii) Personal				
	6 a	Gross rents	6a						
		Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Secur	ities	(ii) Other				
		assets other than inventory	7a 817,6	10.					
	b	Less: cost or other basis							
e		and sales expenses	7b 870,6	41.					
Revenue	с	and sales expenses Gain or (loss)	7c - 53,0	31.					
Jev	d	Net gain or (loss)	<u> </u>			-53,031.			-53,031.
ሥ		Gross income from fundraisir				•			
Ğ	•	including \$ 878							
Ũ		contributions reported on							
		· · · · · · · ·		8a	27,005.				
	b				27,005.				
		Net income or (loss) from				0.			
		Gross income from gamin	-						
		Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, le							
		and allowances		10a					
	h								
		b Less: cost of goods sold 10b							
					Business Code				
sņ	11 -	OTHER INCOME		F	900099	8,097.			8,097.
Jeo Ue	n a b			—		0,00,0			
scellaneo Revenue	u e			—					
Miscellaneous Revenue	с С	All other revenue		— -					
Ϊ						8,097.			
		Total. Add lines 11a-11d				1,855,959.	0.	0.	-10,071.
	12 9 12-13-	Total revenue. See instructio		<u></u>		-,055,559.	U •		Form 990 (2022)

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	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	122 210	107 500	10 510	
_	trustees, and key employees	233,312.	187,529.	19,518.	26,265
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	874,585.	703,890.	72,776.	07 010
7	Other salaries and wages	0/4,303.	103,090.	14,110.	97,919
8	Pension plan accruals and contributions (include	28 970	23,205.	2 /15	3 350
•	section 401(k) and 403(b) employer contributions)	<u>28,870.</u> 139,379.	112,028.	2,415. 11,660.	15 601
9	Other employee benefits	77,970.	61,743.	6,913.	3,250 15,691 9,314
10	Payroll taxes	11,510•	01,743.	0,515.	,514
11	Fees for services (nonemployees):				
a h	Management				
b		37,516.	3,718.	33,798.	
с С	Accounting	57,510.	5,710.		
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A), amount, list line 11g expenses on Sch 0.)	150,230.	14,861.	135,346.	23
12	Advertising and promotion				
13	Office expenses	109,734.	67,105.	32,422.	10,207
14	Information technology	,	,		,
15	Royalties				
16	Occupancy	148,843.	117,947.	13,969.	16,927
17	Travel		,		•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,078.	9,067.	18.	10,993
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,466.	3,559.	396.	511
23	Insurance	15,247.	13,508.	759.	980
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	BANK CHARGES AND INTERE	9,330.	_	9,080.	250
b	TELEPHONE AND MAIL	8,775.	6,154.	1,752.	869
с	MISCELLANEOUS EXPENSE	83.		0.	83
d					
е	All other expenses	1 050 110	1 204 244	240.000	100 000
25	Total functional expenses. Add lines 1 through 24e	1,858,418.	1,324,314.	340,822.	193,282
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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	Dalalice Sheet					
	Check if Schedule O contains a response or not	e to any lir	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			281,061.	1	26,010.
2	Savings and temporary cash investments			145,105.	2	45,106.
3	Pledges and grants receivable, net			208,672.	3	636,363.
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial con	tributor, or 35%			
	controlled entity or family member of any of the	se persons	;		5	
6	Loans and other receivables from other disquali	fied persor	ns (as defined			
	under section 4958(f)(1)), and persons described	d in sectior	n 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		L		7	
8	Inventories for sale or use		·····		8	
9	Prepaid expenses and deferred charges			73,758.	9	51,069.
10a	Land, buildings, and equipment: cost or other		25 425			
	basis. Complete Part VI of Schedule D		35,495. 31,773.	0 100		2 500
b	Less: accumulated depreciation			8,188.	10c	<u>3,722.</u> 1,039,491.
11	Investments - publicly traded securities			971,739.	11	1,039,491.
12	Investments - other securities. See Part IV, line -				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets			0.	14	784,068.
15	Other assets. See Part IV, line 11			1,688,523.	15 16	2,585,829.
<u>16</u> 17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses			84,948.	17	113,956.
18	Grants payable			01/0100	18	110,0000
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrela	ated third p	parties		23	
24	Unsecured notes and loans payable to unrelated	d third part	ties		24	
25	Other liabilities (including federal income tax, pa	yables to i	related third			
	parties, and other liabilities not included on lines	s 17-24). C	omplete Part X			
	of Schedule D			70,532.	25	855,473.
26				155,480.	26	969,429.
	Organizations that follow FASB ASC 958, che	ck here	X			
	and complete lines 27, 28, 32, and 33.			1 222 042		1 001 064
27				1,333,043.	27	<u>1,091,064.</u> 525,336.
28				200,000.	28	525,336.
	Organizations that do not follow FASB ASC 9	58, check	here			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds		·····		29	
30	Paid-in or capital surplus, or land, building, or ed				30	
31	Retained earnings, endowment, accumulated in			1 533 0/2	31	1 616 /00
32	Total net assets or fund balances			1,533,043. 1,688,523.	32	<u>1,616,400.</u> 2,585,829.
33	Total liabilities and net assets/fund balances			I,000,JZJ.	33	<u>2,303,829</u>

2,585,829. Form **990** (2022)

Part X Balance Sheet

Form 990 (2022)

Assets

Liabilities

Net Assets or Fund Balances

Form	1990 (2022) LEGAL MOMENTUM	23-	-7085442	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,855		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,858		
3	Revenue less expenses. Subtract line 2 from line 1	3			59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,533		
5	Net unrealized gains (losses) on investments	5	85	5,8	16.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,616	,4	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		I		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				v
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	eaule C	<i>.</i>		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

-

Nam	ie of t	he organization							dentification number	
De			L MOMENTUM						3-7085442	
Pa		Reason for Public (ee instructior	IS.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that norma	v				.,	ne general i	oublic described in	
		section 170(b)(1)(A)(vi). (C			5			5		
8		A community trust describe		1)(A)(vi). (Complete Parl	EIL)					
9	\square	An agricultural research org			-	ed in conii	inction with a	land-grant	college	
Ū		or university or a non-land-								
		university:	grant conege of agric			lame, ony	, and state of	the bollege		
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ns membersh	in fees and	d aross receipts from	
10		activities related to its exen	•					-	-	
		income and unrelated busir							-	
						ses acqui		janization a	arter Julie 30, 1973.	
11		See section 509(a)(2). (Col An organization organized a		voluto toot for public oot	foty Soo	nantian E(O(a)(4)			
12		An organization organized a	-	•	•			rn out the	nurnance of ano or	
12			-	-	-			•		
		more publicly supported or	-							
-		lines 12a through 12d that	• •					-		
а		Type I. A supporting orga	-	-	• • • •	-				
		the supported organization			majority c	it the aired	tors or truste	es of the st	ipporting	
	_	organization. You must o	-					··· (-) · ··· · · · ·		
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	oorted	
	_	organization(s). You mus								
С		Type III functionally inte	• • • •					lly integrate	ed with,	
		its supported organizatio								
d		Type III non-functionally						-		
		that is not functionally int	v	e ,			•	an attentiv	/eness	
		requirement (see instruct	-	-						
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation.				
f		er the number of supported o	•							
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oroa	inization listed	(v) Amount of	fmonoton	(vi) Amount of other	
	(organization		(described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	Support (See ii	istruction isj		
Tota	I									

LEGAL MOMENTUM

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.")	1761057.	1302618.	1944702.	1977983.	1866030.	8852390.
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	1761057	1202610	1044700	1077002	1966020	005000
	Total. Add lines 1 through 3	1761057.	1302618.	1944702.	1977983.	1866030.	8852390.
5							
	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)						150 227
6							458,227. 8394163.
	Public support. Subtract line 5 from line 4.						0394103.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1761057.	1302618.	1944702.	1977983.	1866030.	8852390.
	Gross income from interest,	1/0103/1	10020100	1911/020	19779000	10000000	0002000
U	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	36,593.	34,039.	37,744.	25,809.	34,863.	169,048.
9	Net income from unrelated business			,			
Ū	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.)					8,097.	8,097.
11	Total support. Add lines 7 through 10						9029535.
12	Gross receipts from related activities,	etc. (see instructio	ons)	-		12	77,239.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	92.96 %
	Public support percentage from 2021					15	<u>93.87</u> %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu				• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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Schedule A	Form 990) 202

LEGAL MOMENTUM

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.)

Sec	tion A. Public Support						
Caler	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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3) orgar	nization,
0.00	check this box and stop here					<u></u>	
	tion C. Computation of Publ						
	Public support percentage for 2022 (•	column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					.=	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	33 1/3% support tests - 2022. If the						
Ŀ	more than 33 1/3%, check this box at 23 1/3% support tasts = 2021. If the						
a	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	THUR HOL CHECK a		a, UL 190, CHECK I	This DUX and See IN		lule A (Form 990) 2022
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2022.05020 LEGAL MOMENTUM

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box 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.)

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Schedule A (Form 990) 2022

	(Form 990) 2022	-	MOMENTUM
Part IV	Supporting Orga	anizations (co	ntinued)

1

2

No

			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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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.	L
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, supporting organization

Supervised	. or controlled th	le supporting or	janizalion.
Section C. T	ype II Suppor	rting Organi	zations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in 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

Section D	. All Type II	I Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		

Section 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 ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental en	tity (see instruction <u>s).</u>
-----	---------------------------------------------------	-------------------------	---------------------------------	----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No 2a 2a 2b 3a 3a 3b

Schedule A (Form 990) 2022

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Sche	edule A (Form 990) 2022 LEGAL MOMENTUM			23-7085442 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	<u>st complete S</u>	ections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see

Schedule A (Form 990) 2022

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instructions).

d Excess from 2021 e Excess from 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		
а	From 2017		
b	From 2018		
с	From 2019		
d	From 2020		
е	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
C	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:		
a	Excess from 2018		
b	Excess from 2019		
C	Excess from 2020		

(i)

Excess Distributions

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Current Year

(iii)

Distributable

Amount for 2022

1

2

3

4

5

6

7

8

9

10

(ii)

Underdistributions

Pre-2022

Schedule A (Form 990) 2022

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

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

Line 8 amount divided by line 9 amount

Schedule A (Form 990) 2022

Section D - Distributions

2

3

4

6

7

8

9 10

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10

OTHER INCOME CONSISTS OF ATTORNEY'S FEES TO THE ORGANIZATION.

Schedule A (Form 990) 2022

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

23-7085442

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

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

Name of or	ganization	Employer identification number	
LEGAL	MOMENTUM		23-7085442
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$50,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$50,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$50,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$50,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$50,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
<u> </u>		\$50,0	00. Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

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Page **2**

Name of or	ganization	Employer identifica	ation number	
LEGAL	MOMENTUM		23-708544	42
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution		(d) contribution
7		\$214,0	(Complete F	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution		(d) contribution
8		\$ <u>150,000</u> . Person Payroll Noncash (Complete Pa noncash com		Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution		(d) contribution
9		\$50,0	(Complete F	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution		(d) contribution
		\$53,0	(Complete F	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior		(d) contribution
11		\$100,0	0 0 . (Complete F	X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution		(d) contribution
223452 11-15-		\$		

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Schedule B (Form 990) (2022)

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Schedule E	3 (Form 990) (2022)			Page 3
Name of or	rganization		Employ	yer identification number
LEGAL	MOMENTUM		23	-7085442
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
10	STOCK SECURITIES	-		
		\$13,0	74.	05/19/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	-	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		_ _ _ \$		

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ame of or	rganization	Employer identification numbe				
EGAL	MOMENTUM		23-7085442			
Part III	Exclusively religious, charitable, etc., contribution		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
	from any one contributor. Complete columns (a)	through (e) and the following line enti-	ry. For organizations less for the year. (Enter this info. once.)			
	Use duplicate copies of Part III if additional s	space is needed.				
a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
L						
		(e) Transfer of gif	t			
ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		[
<u></u>						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(2) i ai pooo oi giit	(0) 000 01 girt				
ŀ						
		(e) Transfer of gif	t			
			_			
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
a) No.		I				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Γ	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
Γ						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
ŀ						
		(e) Transfer of gif	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

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	For Organizations Exempt From	Income Tax Under section	1 501(c) and section 527	
Department of the Treasury	Complete if the organization is dea			
nternal Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the I	atest information.	Inspection
-	vered "Yes," on Form 990, Part IV, line		ine 46 (Political Campaign	Activities), then
	anizations: Complete Parts I-A and B. Do			
.,	than section 501(c)(3)) organizations: Co	mplete Parts I-A and C below	<i>i</i> . Do not complete Part I-B.	
•	ations: Complete Part I-A only.	4 or Form 000 E7 Dout \//	line 47 (Lehhuine Astivitie	a) then
	vered "Yes," on Form 990, Part IV, line anizations that have filed Form 5768 (electronic structure)			
	anizations that have NOT filed Form 5768		•	•
	vered "Yes," on Form 990, Part IV, line	•		•
ax) (See separate inst		- (,	, ·, ·
• Section 501(c)(4), (5)	, or (6) organizations: Complete Part III.			
Name of organization			Emp	ployer identification number
	LEGAL MOMENTUM			23-7085442
Part I-A Comple	ete if the organization is exemp	t under section 501(c)	or is a section 527 or	rganization.
-	on of the organization's direct and indirect			
	activity expenditures			
3 Volunteer hours for	political campaign activities			
Part I-B Comple	ete if the organization is exemp	t under section 501(c)	(3).	
	f any excise tax incurred by the organizat			\$
	f any excise tax incurred by the organization			
	ncurred a section 4955 tax, did it file Forn			
	ade?			
b If "Yes," describe in	Part IV.			
Part I-C Comple	ete if the organization is exemp	t under section 501(c)	, except section 501(c)(3).
1 Enter the amount d	rectly expended by the filing organization	n for section 527 exempt func	tion activities	\$
2 Enter the amount o	f the filing organization's funds contribute	d to other organizations for s		
	tivities			\$
	on expenditures. Add lines 1 and 2. Enter			
				\$
	zation file Form 1120-POL for this year?			
	ddresses and employer identification num or each organization listed, enter the amou		-	
	ed that were promptly and directly delive			
	mittee (PAC). If additional space is neede			ine eegi egatea tana er a
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(4) ((4)		(0) =	filing organization's	contributions received and
			funds. If none, enter -0-	promptly and directly delivered to a separate
				political organization.
				If none, enter -0
	on Act Notice, see the Instructions for	Eorm 990 or 990 E7	I	Schedule C (Form 990) 202

Political Campaign and Lobbying Activities

LHA 232041 11-08-22

SCHEDULE C

(Form 990)

OMB No. 1545-0047

2002

		IOMENTUM		23-7	085442 Page 2
Part II-A Complete if the organized section 501(h)).	anization	s exempt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	tion belonas	to an affiliated group (and list in	Part IV each affiliated	group member's name	e. address. EIN.
•••	•	bbying expenditures).			, , , ,
		box A and "limited control" prov	visions apply.		
Limit	s on Lobbyi	ng Expenditures ns amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public	opinion (grassroots lobbying)			
b Total lobbying expenditures to influ				2,665.	
c Total lobbying expenditures (add lir	nes 1a and 1)		2,665.	
d Other exempt purpose expenditure				1,855,753.	
e Total exempt purpose expenditures	s (add lines 1	c and 1d)		1,858,418.	
f Lobbying nontaxable amount. Ente	r the amount	from the following table in both	columns.	242,921.	
If the amount on line 1e, column (a) or	r (b) is:	The lobbying nontaxable amo	ount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,000 plus 15% of the exce	ss over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,000 plus 10% of the exce	ss over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,000 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable amount (ent	er 25% of lin	e 1 f)		60,730.	
h Subtract line 1g from line 1a. If zero	o or less, ente	er -O-		0.	
i Subtract line 1f from line 1c. If zero			••••••	0.	
j If there is an amount other than zer	o on either li	ne 1h or line 1i, did the organizat	tion file Form 4720	F	
reporting section 4911 tax for this					Yes No
(Some organizations th	at made a s	Year Averaging Period Under \$ ection 501(h) election do not h le separate instructions for line	ave to complete all o	f the five columns be	low.
	Lobbyi	ng Expenditures During 4-Year	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20 ⁻	9 (b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount		335,673.	240,257.	242,921.	818,851.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,228,277.
c Total lobbying expenditures		2,450.	10,711.	2,665.	15,826.
d Grassroots nontaxable amount		83,918.	60,064.	60,730.	204,712.
e Grassroots ceiling amount			,	,	,
(150% of line 2d, column (e))					307,068.
f Grassroots lobbying expenditures					
				Schedu	ile C (Form 990) 2022

232042 11-08-22

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
h Deid staff as management (include companyation in expanses reported on lines to through 1)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	 ion 501(c)((5), or sec	tion		
501(c)(6).			Vaa	No	
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(501(c)(501(c)(501(c)(501(c)(501(c)(501(c)(501(c)(501(c)(501(the prior yea	r? 3	tion		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere				3, is	
answered "Yes."					
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	litical				
expenses for which the section 527(f) tax was paid).					
a Current year					
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
expenditures next year?		4			
5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information		5			
••					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-A, LINE 1C	up IIst); Part I	I-A, lines 1 a	na 2 (See		
LEGAL MOMENTUM ENGAGED IN EDUCATIONAL AND INFORMATION	N-BASED	COMMU	NICATI	ONS	
WITH GOVERNMENT OFFICIALS AND/OR EMPLOYEES CONCERNING	G THE D	EVELOP	MENT		
AND/OR IMPLEMENTATION OF POLICIES THAT IMPACT OUR CO	NSTITUE	NCY. D	URING	THE	
FISCAL YEAR ENDED JUNE 30, 2023, STAFF SPENT A COMBIN	NED TOT.	AL OF			
APPROXIMATELY 20 HOURS ON THESE ACTIVITIES FOR AN EX	PENSE T				
232043 11-08-22		Schedu	ile C (Form	990) 2022	

	; (Form 990) 2022		MOMENTUM
Part IV	Supplemental In	formation _{(co}	ontinued)

THAN \$5000.

Schedule C (Form 990) 2022

232044 11-08-22

SC	SCHEDULE D Supplemental Financial Statements						
(Form	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022		
	ment of the Treasury I Revenue Service	А	ttach to Form 990. 0 for instructions and the latest information		Open to Public Inspection		
	e of the organizati				ployer identification number		
Hum	e er trie er gunizuti	LEGAL MOMENTUM			23-7085442		
Par	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accou			
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		·		
			(a) Donor advised funds	(b) Fur	nds and other accounts		
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4	Aggregate value a	t end of year					
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised	l funds			
	are the organization	n's property, subject to the organization's	exclusive legal control?		Yes No		
6	0	0 / /	dvisors in writing that grant funds can be us	,			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring			
De	impermissible priv						
Par			ganization answered "Yes" on Form 990, Pa	rt IV, line 7			
1		servation easements held by the organization					
		of land for public use (for example, recrea	·		important land area		
		f natural habitat	Preservation of a	certified hi	storic structure		
•		of open space					
2	day of the tax year	. .	ied conservation contribution in the form of	a conserva	Held at the End of the Tax Year		
_				0.5	HEIU AL LITE EILU OF LITE TAX TEAT		
-							
b	•		unture included in (e)				
с С			ucture included in (a)	<u>2c</u>			
u		vation easements included in (c) acquired a isted in the National Register	• • •	2d			
3			eased, extinguished, or terminated by the o		during the tax		
3		valion easements mounied, transferred, re-	eased, extinguished, or terminated by the of	ryanization	duning the tax		
4	year	 where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per					
Ŭ	U U	orcement of the conservation easements it			Yes No		
6			handling of violations, and enforcing conser				
-		······································					
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easemer	ts during the vear		
		3, 1 3,	5		5		
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)((4)(B)(i)			
	and section 170(h)	(4)(B)(ii)?			Yes No		
9	In Part XIII, describ		on easements in its revenue and expense st		nd		
		-	note to the organization's financial statement				
	organization's acc	ounting for conservation easements.	C C				
Par	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Othe	er Simila	r Assets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance s	heet works		
	of art, historical tre	easures, or other similar assets held for pub	blic exhibition, education, or research in furth	herance of	public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.				
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1

	33	
232051	09-01-22	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
		•

2022.05020 LEGAL MOMENTUM

Sche	dule D (Form 990) 2022 LEGAL MO						<u>23-70</u>			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that r	make si	gnificant (use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange prograr	m					
b	Scholarly research e Other									
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatior	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	ures, or other	⁻ similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "\	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia							_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
								Amount		
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance					. 1 f		7		1
	Did the organization include an amount on Fo					ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it									<u> </u>
T ai	Lindowment i unds. Complete in	(a) Current year	(b) Prior year	(c) Two years			/ears back		Veare	hack
4.	Protection of completions of	200,000.	200,000.		,000.		00,000.		200,	
	Beginning of year balance	200,000.	200,000.	200	,000.	2	00,000.		200,	<u> </u>
b	Contributions	2,159.	2,926.	2	2,932. 5,647.				7	759.
	Net investment earnings, gains, and losses	2,135.	2,520.	2	2,552. 5,647.				<i>''</i>	135.
d	Grants or scholarships									
е	Other expenditures for facilities	2,159.	2,926.	2	,932.		5,647.		7	759.
f	and programs Administrative expenses	2,207.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•,•=/•		• ,	
		200,000.	200,000.	200	,000.	2	00,000.		200,	000.
g 2	End of year balance [Provide the estimated percentage of the current of the curr	,	,		,				,	
2 9	Board designated or quasi-endowment	ent year end balance	%							
b	Permanent endowment 100	%	_/0							
		%								
Ŭ	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
3a	Are there endowment funds not in the posses		ion that are held an	d administere	ed for th	e				
ou	organization by:					0		Г	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm				ccumulate preciation		(d) Bool	k value	3
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			3,163.		13,1				0.
	Other		2	2,332.		18,6	10.		3,72	
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	(, column (B), line 1)c.)					3,72	22.

Schedule D (Form 990) 2022

232052 09-01-22

		Other Cear	
Schedule D ((Form 990) 2022	LEGAL	MOMENTUM

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12.	nd-of-vear market value
	(b) BOOK Value		Id-OF-year market value
) Financial derivatives			
) Closely held equity interests) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) RIGHT-OF-USE ASSET - OPERA	TING LEASE		784,06
(2)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		784,06
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		784,06
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			5. (b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			5. (b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			5. (b) Book value
(5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line vart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY			5. (b) Book value
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3)			5. (b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4)			5. (b) Book value
(5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5)			5. (b) Book value
(5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6)			5.
(5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6) (7)			5. (b) Book value

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 ... 🗴

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 LEGAL MOMENTUM			23-	7085442	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,821,	967.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	85,816.			
b	Donated services and use of facilities	2b	2,880,192.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	2,966,	
3	Subtract line 2e from line 1			3	1,855,	<u>959.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,855,	959.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per I	Retur	n.	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Wi ^{2a.}	th Expenses per I	Retur		
1 Pa		nents Wi ^{2a.}	th Expenses per I	Returi	n. 4,738,	610.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Wi ^{2a.}	th Expenses per I	1		610.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents Wi	th Expenses per I	1		610.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi 2a. 2 a	th Expenses per I	1		610.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wi 2a. 2a 2b	th Expenses per I	1		610.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b 2c	th Expenses per I	1	4,738,	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2a 2b 2c 2d	th Expenses per 1	1	4,738, 2,880,	192.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	th Expenses per 1		4,738,	192.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	th Expenses per 1	1 2e	4,738, 2,880,	192.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2c 2d	th Expenses per 1	1 2e	4,738, 2,880,	192.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	th Expenses per 1	1 2e	4,738, 2,880,	192.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 2d	2,880,192.	1 2e	4,738, 2,880, 1,858,	<u>192.</u> 418.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 2d	2,880,192.	1 2e 3	4,738, 2,880,	<u>192.</u> 418.

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

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF A SINGLE DONOR-RESTRICTED FUND,

WHICH IS REPORTED AS PERMANENTLY RESTRICTED AND IS USED TO ENSURE THE

ECONOMIC AND PERSONAL SECURITY OF ALL WOMEN AND GIRLS, WHILE SAFEGUARDING

AND EXPANDING WOMEN'S RIGHTS UNDER THE LAW.

PART X, LINE 2:

THE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING

STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC")

TOPIC 740, INCOME TAXES, RELATING TO ACCOUNTING AND REPORTING FOR

UNCERTAINTY IN INCOME TAXES. DUE TO THE ORGANIZATION'S GENERAL TAX-EXEMPT

36

STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT

232054 09-01-22

Part XIII Supplemental Information (continued)

ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL

STATEMENTS.

SCHEDULE D, PART XI, LINE 2B

FOR RECOGNITION WITHIN THE ORGANIZATION'S FINANCIAL STATEMENTS, DONATED

SERVICES MUST: (I) CREATE OR ENHANCE NON-FINANCIAL ASSETS; AND (II)

TYPICALLY NEED TO BE ACQUIRED IF NOT PROVIDED BY DONATION. ADDITIONALLY,

SUCH SERVICES MUST: (I) REQUIRE A SPECIALIZED SKILL; AND (II) BE PROVIDED

BY INDIVIDUALS POSSESSING THESE SKILLS. DONATED SERVICES ARE RECORDED AS

SUPPORT AT THEIR ESTIMATED FAIR VALUES AT THE DATES OF DONATION AND ARE

REPORTED AS SUPPORT WITHOUT DONOR RESTRICTIONS. DONATED SERVICES ARE

REPORTED AS BOTH CONTRIBUTIONS AND OFFSETTING EXPENSES IN THE STATEMENTS

OF ACTIVITIES.

DURING FISCAL-YEARS 2023 AND 2022, THE ORGANIZATION RECEIVED \$2,880,192

AND \$1,623,889 OF PRO BONO LEGAL SERVICES, RESPECTIVELY.

A SUBSTANTIAL NUMBER OF UNPAID INTERNS (APPROXIMATELY 10 TO 20 PER YEAR)

HAVE MADE SIGNIFICANT CONTRIBUTIONS OF THEIR TIME TO THE ORGANIZATION.

THE VALUE OF THIS CONTRIBUTED TIME DOES NOT MEET THE CRITERIA FOR

RECOGNITION OF CONTRIBUTED SERVICES REQUIRED UNDER U.S. GAAP AND,

ACCORDINGLY, IS NOT INCLUDED IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022

232055 09-01-22

10200109 721252 1015876-1048843

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990)	Complete if the	or if the	2022						
	C	rganization entered more than \$1 Attach to Form 990 o		Open to Public					
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization			entification number						
	LEGAL MOMENTUM 23-7085442								
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 17	. Form 990-E2	Z filers are not	
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Ye		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (or fi	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	xempt from re	egistration	

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

Schedule G (Form 990) 2022

232081 10-27-22

LEGAL MOMENTUM

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 WOMEN OF ACHIEVEMENT	(b) Event #2 AIMING HIGH AWARDS	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	126,523.	779,387.		905,910
	2	Less: Contributions	126,523.	752,382.		878,905
	3	Gross income (line 1 minus line 2)		27,005.		27,005
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
הווברו באהבוואבא	7	Food and beverages				
	8	Entertainment		27.005		27.005
	9	Other direct expenses		27,005.		27,005
Т	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				27,005
a	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
Т	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
	1 2	\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant		
	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (d
	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		
	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	LEGAL MOMENTU	JM	23-70	85442	Page 3
	Is the organization a grantor, bene	eficiary or trustee of a trust,	mbers? or a member of a partnership or other entity formed	_	Yes	No
13	to administer charitable gaming? Indicate the percentage of gaming			L	Yes	└── No
					3a	%
					3b	%
14	Enter the name and address of th	e person who prepares the	organization's gaming/special events books and recor	ds:		
	Name					
	Address					
15a	Does the organization have a con	tract with a third party from	whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received by the	e organization \$ and the ar	nount		
	of gaming revenue retained by the					
c	If "Yes," enter name and address	of the third party:				
	Nama					
	Name					
	Address					
16	Gaming manager information:					
	Nama					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
	Mandatory distributions:					
a	-	r state law to make charitab	le distributions from the gaming proceeds to	Г	Yes	
٢	retain the state gaming license?		be distributed to other exempt organizations or spent			∟ No
	organization's own exempt activit	•	\$			
Pa			anations required by Part I, line 2b, columns (iii) and (v	; and Part III	, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide ar	ny additional information. See instructions.			
2320	33 10-27-22			Schedule	G (Form	990) 2022
			40			

Part IV Supplemental Information (continued)	
	Schedule G (Form 990
232084 04-01-22	

(Form 990) For certain Officers, Descritor, Trustees, Key Employees, and Highest Composed Employees, and Highest Composed If the organization answered "Yes" on Form 900, Part IV, line 23. Match to Form 900. Description Description Description Description Environ. Construction Segarity of the organization answered "Yes" on Form 900, Part IV, line 23. Match to Form 900. Employer identification number 23 - 70 85 44 2 Part I Questions Regarding Compensation Employer identification number 23 - 70 85 44 2 Part II Questions Regarding Compensation Employer identification number 23 - 70 85 44 2 Part II Questions Regarding Compensation Part III to provide any of the following to or for a person listed on Form 990, Part IV, Section A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990, Part IV, Bection A, line 1a. Complete Part III to provide any relevant information regarding these terms. Imployer identification following payments Part and for comparison on all of the expanses described above? II "No." complete Part III to expan in the part of provision of all of the expanses described above? II "No." complete Part III to expan in the part of the following the CECO/Secutive Director, the sprain III to provide any expression increated by an idlectors, trustees, and offices, inclusting the CEO/Secutive Director, the sprain in Part III. Imployment contract Part of the organization to the expanse described above? II "No." complete Part III to explain in the dependent compensation comultat Imployment contract Part of the organization or enaboures and offices, inclusing the CEO/Secutive Director,	SCHEDULE J	Compensation Information		OMB No. 1	545-004	47			
Basediment of the lineary interview and the set of perm 990, Part IV, line 23. Open to Public Impaction Action of the organization LEGAL MOMENTUM Employer identification number 2.3 - 70.8 54.4.2 Part I Questions Regarding Compensation 2.3 - 70.8 54.4.2 Impact III or organization LEGAL MOMENTUM 2.3 - 70.8 54.4.2 Part I Questions Regarding Compensation 2.3 - 70.8 54.4.2 Impact III or organization Part III to provide any of the following to or for a person listed on Form 990, Part IV, Section A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990. Impact IIII or IIII organization requires and the section or organization follow a written policy regarding these tierns. Impact IIII or organization requires and and grassup payments Impact IIII or IIIII organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? III 'No', complete Part III to explain 10 ID list for granization requires abstantiaton provide any estimation for the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? III 'No', complete Part III to explain a 10 ID list for granization requires abstantiaton provide any estimation follow a written policy regarding payment or reimbursement or provision of all of the explains the scheed on line 1a? 2 ID list for granization requires abstanti	(Form 990))			
Department Attach to Form 990. Open to Public Name of the organization Engloyer identification number 23 - 70.85.44.2 Part Device the appropriate boxies if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these litems. Yes No Part Device the appropriate boxies if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these litems. Yes No Part Device the appropriate boxies if the organization provided any of the following the organization tege of personal use of personal residence in the travel of complete Part III to exploit to the sense of the organization fees No During the boxes on line 1a are checked, did the organization torke a writem policy regarding payment or reimbursement or provision of all of the expense decolled abox? If No,* complete Part III to exploit to establish the compensation of the arganization to establish the compensation of the arganization to be toke any boxes for methods superparkes incurred by all directors, trustees, and officers, including the CEO/Executive Director, the approval by the barged or compensation committee 2 Indicate which, if any, of the following the organization used to establish the compensation committee Xiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii						•			
Internet Biercerise Coto wew.irs.gov/Emreg0 for instructions and the latest information. Imspection Name of the cognization Employer identification number 23 – 70.8544.2 Part I Questions Regarding Compensation 2.3 – 70.8544.2 Image: Complex Regarding Complex Regarding Description Provide any relevant information regarding these letters. Image: Regarding Regardi	Department of the Treas					ic			
LEGAL MOMENTUM 23-7085442 Part I Questions Regarding Compensation Image: Comparison of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1, complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1, complete Part III to spring and the provide any relevant information regarding these items. Image: Complete Part III to spring and the provide any relevant information regarding payment or relevance and officers, including the CPC/Executive Director, regarding the terms checked on line 1a? Image: CPC Part CPC Part Part Payment for barries and officers, including the CPC/Executive Director, regarding the reganization is CPC/Executive Director, but explain in Part III. Image: CPC Part Part Payment for a personal residue organization is CPC/Executive Director, but explain in Part III. Compensation committee Image: Will the apply or busines to maintain is CPC Part Part Payment from an equipy based compensation anargement? Image: Payment from an equipy based compensation anargement? 4 During the year, cid any person listed on Form 990, Part VII. Section A, line 1a, with respect to the filing organization or a related organization is applemental incrugatified reterment par? Image: Payment from an equipy based compensation anargement? Image: Payment from an equipy based compensation anargement? Image: Payment from an equipy based compensation anargement?	Internal Revenue Servic	Go to www.irs.gov/Form990 for instructions and the latest information.			•				
Part1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these ftems. Image: Complete Part III to provide any relevant information regarding these ftems. Image: Intervent of a complete Part III to provide any relevant information regarding these ftems. Image: Complete Part III to provide any relevant information regarding these ftems. Image: Complete Part III to provide any relevant information regarding these ftems. Image: Intervent of personal residence Healt to social club dues or initiation ftees Image: Complete Part III to explain Image: Complete Part III to explain 1b Image: Initiation ftees Image: Complete Part III to explain Image: Complete Part III to explain Image: Complete Part III to explain 2 Image: Initiation ftee Complete Part III to explain Image: Complete Part III to explain Image: Complete Part III to explain Image: Complete Part III to explain 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee Image: Complete Part III to explain Image: Complete Part III to explain 4 During the year, did any person listed on Form 920, Part VII, Section A, line 1a, with respect to the filing organization oranitated organization: Image: Complete P	Name of the orga					nber			
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Provide any relevant information regarding the second and complex the second and the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or relevant organizations 10 3 Indicate which, if any, of the following the organization used to establish the compensation contract Compensation contract Compensation contract Independent compensation or relevant or approximation as applemental monqualified retirement plan? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or relevant organization? 5a X 4 Participate in or receive payment from a supplemental monqualified retirement plan? 5a X X 5 For persons l			23-1	08544	2				
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant Information regarding these items. Impact tables or charter travel Housing allowance or residence for personal use Partwel for companions Payments for business use of personal use Payments for business use of personal use Discretionary spending account Personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require box substantiation prof to reimbursying or allowing expresses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the companization s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III. 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? <		uons Regarding Compensation			~				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison		ana ninka kanufan) if dha ana ninakian musuidad anu af dha fallauina ka au fau a manan liakad an Fauna			Yes	No			
Image: Prist-class or charter travel Image: Image: Payments for business use of personal use Travel for companions Payments for business use of personal residence Tax information and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of al of the expenses described above? If "No," complete Part III to explain 10 c Did the organization regults substantiation prior to reimburging or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 c Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 2 indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, but explain in Part III. 2 c Compensation committee Written employment contract independent compensation or soultant Compensation committee Approval by the board or compensation committee d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X d During the year, did any person sisted on Form 990, Part VII, Section A, line 1a, did the organization regults base ac			1990,						
Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Image: Travel for companization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant 10 Image: COMPRESSION Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant 10 Compensation consultant Compensation survey or study 11 2 Image: a severace payment from a supplemental nonqualified retrement plan? 4a X Participate in or receive payment from a supplemental nonqualified retrement plan? 4b X Participate in or receive payment from a supplemental nonqualified retrement plan? 4b X Participate in or receive payment from an equity-based compensation argument?									
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4a X 5 Participate in or receive payment from an equity-based compensation for as any or accrue payment? 4a X 6 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X 6 Participate in or receive payment from an equity-based compensation for acontingent on the revenues of: 5a									
Discretionary spending account Personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant Compensation committee 2 CO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Compensation committee 2 Curing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X Participate in or receive payment from a equity based compensation argement? 4a X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5b X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract Impendent compensation consultant Compensation committee X Variation or a related organization: X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X B Participate in or receive payment from an equity-based compensation arrangement? 4a X If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each tem in Part III. 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X 5 For persons listed on Form 990, Part VII									
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 COMpensation committe X Written employment contract 0 Compensation committee X Written employment contract 0 Independent compensation consultant Compensation survey or study 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X C Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X f 'Yes' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 5b X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 5b X f 'Yes' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 5a <									
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 COMpensation committe X Written employment contract 0 Compensation committee X Written employment contract 0 Independent compensation consultant Compensation survey or study 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X C Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X f 'Yes' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 5b X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 5b X f 'Yes' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 5a <	b If any of the	oxes on line 1a are checked, did the organization follow a written policy regarding payment or							
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Regulations section 53.4958-6(c)?									
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23-7085442

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CAROL A. BALDWIN MOODY	(i)	205,332.	0.	0.	4,950.	23,030.	233,312.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LYNN H. SCHAFRAN	(i)	146,233.	0.	0.	4,950.	23,030.	174,213.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER M. BECKER-ALLBEE	(i)	127,538.	0.	0.	4,950.	32,220.	164,708.	0.
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

REVIEW OF OFFICER COMPENSATION:

THE EXECUTIVE COMMITTEE ESTABLISHES THE COMPENSATION FOR THE PRESIDENT,

WHICH IS APPROVED BY THE ENTIRE BOARD. THE BOARD CONSULTS WITH THE

PRESIDENT ON COMPENSATION FOR OTHER EXECUTIVE STAFF. COMPENSATION WAS

DETERMINED USING COMPARABLE DATA FROM CERTAIN OUTSIDE ORGANIZATIONS.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

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ΖU

23 - 7085442

Name of the organization

LEGAL MOMENTUM

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu		Junta	·
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	5	59,314.	COMPARABLE	SALE	S	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		•					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				N
20-	During the year did the experimetion receive by	contributio	n any nyanasty yan	artad in Dart I lines 1 through	h 00 that it		'es	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t			·		20.5		Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a		
	Does the organization have a gift acceptance p	olicy that re	quires the review (of any ponstandard contribut	ions?	31	x	
31 32a	Does the organization have a gift acceptance p Does the organization hire or use third parties of							
JEa	contributions?		-			32a		х
b	If "Yes," describe in Part II.							
~~~								

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

232141 09-09-22

### Schedule M (Form 990) 2022 LEGAL MOMENTUM

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE M, PART I, COLUMN (B):

### THE ORGANIZATION RECEIVED FIVE STOCK SECURITIES FROM VARIOUS DONORS

DURING FISCAL YEAR 2023.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Name of the organization

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.



23 - 7085442

LEGAL MOMENTUM

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM PART III, LINE 4B) BY DEVELOPING A KNOW-YOUR-RIGHTS

GUIDANCE ON THE BROAD SPECTRUM OF WORKPLACE RIGHTS AND RELATED BENEFITS

AND PROVIDING TRAINING AND OUTREACH TO LOW-INCOME WOMEN, THE PROJECT

AIMS TO PROMOTE EARLY INTERVENTION BY EDUCATING WOMEN ABOUT HOW TO

ACTIVELY ASSERT THEIR RIGHTS IN THE WORKPLACE AND WHEN TRYING TO ENTER

THE WORKFORCE. THE PROJECT ALSO RAISES AWARENESS AND ENGAGES IN

LEGISLATIVE AND REGULATORY ADVOCACY FOR REFORM AT THE NATIONAL, STATE,

AND LOCAL LEVELS TO ADVANCE GENDER EQUALITY IN THE WORKPLACE AND

ENHANCE WOMEN'S ECONOMIC SECURITY.

COMBATTING VIOLENCE AGAINST WOMEN: LEGAL MOMENTUM IS WORKING ON

SEVERAL PROJECTS WITH THE GOAL OF EMPOWERING SURVIVORS TO ADDRESS

GENDER-BASED VIOLENCE AND ENSURING INFORMED COMMUNITY RESPONSES AND

ACCOUNTABILITY FOR VIOLENCE PERPETRATED AGAINST WOMEN AND GIRLS

INCLUDING:

A. NATIONWIDE LEGISLATIVE POLICY GUIDANCES (TOGETHER WITH ORRICK, HERRINGTON & SUTCLIFFE): TO ENSURE THAT EXTORTING SEXUAL ACTS OR IMAGERY IS RECOGNIZED AS A SEX CRIME FOLLOWING OUR JULY 2016 REPORT, A CALL TO ACTION: ENDING SEXTORTION IN THE DIGITAL AGE; B. LED EFFORTS TO PASS A REAUTHORIZATION OF THE FEDERAL VIOLENCE AGAINST WOMEN ACT (VAWA) WHICH IMPROVES RESPONSES TO GENDER-BASED VIOLENCE AND INCREASES SERVICES FOR VICTIMS AND SURVIVORS; C. RESEARCH AND POLICY ADVOCACY GUIDANCES TO PASS A FEDERAL AND/OR STATE-BASED GENDER-BASED VIOLENCE CIVIL RIGHTS REMEDY TO REPLACE THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 202211 10-28-22 47

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization           LEGAL         MOMENTUM	Employer identification number 23-7085442
VAWA CIVIL RIGHTS REMEDY STRUCK DOWN BY THE U.S. SUPREME C	COURT IN U.S.
<u>V. MORRISON (2000);</u>	
D. LITIGATION ON BEHALF OF SURVIVORS OF GENDER-BASED VIOLE	NCE WHO HAVE
FACED DISCRIMINATION IN THE WORKPLACE ON THE BASIS OF THEI	R STATUS AS A
SURVIVOR OF DOMESTIC/SEXUAL VIOLENCE;	
E. THROUGH OUR NEWLY LAUNCHED ONLINE TRAINING, HELPING SEX	UAL ASSAULT
VICTIMS NAVIGATE THE CRIMINAL JUSTICE SYSTEM, LEGAL MOMENT	UM PROVIDES
TRAINING AND TECHNICAL ASSISTANCE TO VICTIM ADVOCATES ON H	IOW TO PROVIDE
EFFECTIVE ADVOCACY FOR SEXUAL ASSAULT VICTIMS AS THEY ATTE	MPT TO
NAVIGATE THE CRIMINAL JUSTICE SYSTEM.	
F. LEADING EFFORTS TO ENACT BROADER WORKPLACE PROTECTIONS	FOR
SURVIVORS.	
REPRODUCTIVE JUSTICE: LEGAL MOMENTUM IS EXPANDING OUR WOR	K ON
REPRODUCTIVE RIGHTS TO ENGAGE IN RESEARCH, OUTREACH, AND L	ITIGATION TO
CHALLENGE GOVERNMENT SURVEILLANCE OF AND INTRUSION INTO TH	IE LIVES OF
PREGNANT PERSONS.	
ENSURING EQUAL EDUCATIONAL OPPORTUNITIES FOR WOMEN AND GIR	LS: LEGAL

MOMENTUM, WITH EXPERTISE IN TITLE IX OF THE EDUCATION AMENDMENTS OF

1972, PROVIDES LEGAL ASSISTANCE AND COUNSELING TO VICTIMS OF CAMPUS

SEXUAL ASSAULT AND TO STUDENTS WHO ARE PREGNANT AND PARENTING, AND

LEADS NATIONWIDE POLICY ADVOCACY ON THESE ISSUES. ADDITIONALLY, LEGAL

MOMENTUM IS BEGINNING THE SEVENTH CONSECUTIVE YEAR OF OUR SUCCESSFUL

'RIGHTS NOW!' PROGRAM, UNDER A GRANT FROM THE NEW YORK CITY COUNCIL

YOUNG WOMEN'S INITIATIVE. THROUGH THIS PROGRAM, LEGAL MOMENTUM DEVELOPS

TRAININGS, PEER EDUCATIONAL PROGRAMMING, AND RESOURCES TO EMPOWER

YOUNG, AT-RISK GIRLS (PARTICULARLY GIRLS OF COLOR) IN NEW YORK CITY AND 232212 10-28-22 48 AND YOUNG WORKERS.

HELPLINE - DIRECT SERVICES AND TECHNICAL ASSISTANCE:

LEGAL MOMENTUM'S HELPLINE RECEIVES SEVERAL HUNDRED CALLS PER YEAR FROM

WOMEN SEEKING ASSISTANCE FOR SUCH MATTERS AS EMPLOYMENT ISSUES (SEXUAL

HARASSMENT, SEXUAL DISCRIMINATION, PAY EQUITY, PREGNANCY

ACCOMMODATION), CAMPUS SEXUAL ASSAULT, GENDER-BASED VIOLENCE. CALLERS

ARE PROVIDED WITH TECHNICAL ASSISTANCE, OR REFERRALS TO OTHER LEGAL

SERVICE PROVIDERS (INCLUDING THE PRIVATE BAR), AND GOVERNMENT AGENCIES.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION REVISED ITS BYLAWS AS OF MARCH 23, 2023.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS DELIVERED TO AND REVIEWED BY AUDIT COMMITTEE AND BOARD MEMBERS

PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING OF CONFLICT OF INTEREST POLICY: ALL BOARD MEMBERS AND OFFICERS

ARE ASKED TO COMPLETE A FORMAL CONFLICT OF INTEREST FORM/QUESTIONNAIRE

ANNUALLY. THE REVIEW OF THE FORMS IS CONDUCTED BY A BOARD MEMBER AND NOTED

IN THE APPROPRIATE MINUTES.

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

REVIEW OF OFFICER COMPENSATION: THE EXECUTIVE COMMITTEE ESTABLISHES THE

COMPENSATION FOR THE PRESIDENT, WHICH IS APPROVED BY THE ENTIRE BOARD.

232212 10-28-22

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization LEGAL MOMENTUM	Employer identification number 23-7085442
LEGAL MOMENTOM	23-7003442

THE BOARD CONSULTS WITH THE PRESIDENT ON COMPENSATION FOR OTHER EXECUTIVE

STAFF. COMPENSATION WAS DETERMINED USING COMPARABLE DATA FROM CERTAIN

OUTSIDE ORGANIZATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CO, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN UT, VA, WV, WI

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

AVAILABILITY OF ORGANIZATIONAL DOCUMENTS: THE IRS FORM 990 IS AVAILABLE AT

THE OFFICE OF THE ORGANIZATION AND ON ITS WEBSITE. FINANCIAL STATEMENTS,

THE BY-LAWS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE.

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