# Form 990 Department of the

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-

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

reasu nter <b>r</b>		en menServine	lendar year, or tax year begir	ning 01-01-2021 , and ending 12-31-20	121				
		applicable:	C Name of organization		721	D Employ	er identi	fication number	
_ Ad	ldress	change	CENTER FOR LAW AND SOCIAL F	POLICY		23-70	00150		
	itial re	hange eturn	Doing business as						
Fin retur		ninated				E Telepho	ne number		
		ed return	1210 L CTREET NIM	if mail is not delivered to street address) Room/s	suite	·			
Ap	plicati	ion pending		country, and ZIP or foreign postal code		(202)	906-80	04	
			WASHINGTON, DC 20005	country, and ZIP or foreign postal code		<b>G</b> Gross re	ceipts \$ 1	2,084,757	
			<b>F</b> Name and address of prime	ncipal officer:	<b>H(a)</b> ]	Is this a group r	eturn for	•	
			CORMEKKI WHITLEY 1310 L STREET NW		9	subordinates?		☐ Yes 🔽 No	
			WASHINGTON, DC 2000!	5		Are all subordin included?	ates	Yes No	
[ Ta	x-exe	mpt status:	501(c)(3) 501(c)( )	(insert no.) 4947(a)(1) or 527		If "No," attach a			
w	ebsit	te:▶ HT	TPS://WWW.CLASP.ORG/		H(c) (	Group exemption	n numbe	r 🕨	
				🗖	I Voor of	f formation: 1968	M State	of legal domicile:	
<b>C</b> Forr	n of o	organization	: Corporation Trust Asso	ciation Other	L rear or	i ioriilation: 1968	DC	or legal domicile:	
Pa	art I	Sum	ımary				<u> </u>		
	1	Briefly de	escribe the organization's mis	sion or most significant activities:					
				.ICY (CLASP) IS A NATIONAL, NONPA O IMPROVE THE LIVES OF PEOPLE W					
			OPPORTUNITY						
w.			TIONAL AND RACIAL BARR						
Ĕ				LS, WE'RE ADVANCING A BOLD VISION	ON FOR T	HE FUTURE RO	OTED I	N ECONOMIC	
Ĕ		SECURIT	Y AND RACIAL EQUITY.						
O VE									
Activities & Governance									
S)	_		=	n discontinued its operations or disposed		than 25% of its	net asse	i	
<u>II</u>	3	Number	of voting members of the gov	erning body (Part VI, line 1a) · · ·			3	2 1	
Ě	4	Number	of independent voting membe	rs of the governing body (Part VI, line 1b)	)		4	2 0	
ĕ	5	Total nu	mber of individuals employed	in calendar year 2021 (Part V, line 2a)			5	9 1	
	6	Total nu	mber of volunteers (estimate	if necessary) · · · · · ·			6	2 0	
	7a	Total un	related business revenue fron	Part VIII, column (C), line 12 · · ·			7a	0	
	ь	Net unre	elated business taxable incom	e from Form 990-T, Part I, line 11 •			. 7b	0	
						Prior Year		Current Year	
0	8	Contribu	tions and grants (Part VIII, lin		8,366,9	922	12,063,696		
Revenue	9	Program	service revenue (Part VIII, lir	4,8	310	17,765			
Şē.	10	Investm	ent income (Part VIII, column	(A), lines 3, 4, and 7d )		6,3	6,375 3,		
ш.	11	Other re	venue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		5,2	240	0	
	12	Total rev	venue—add lines 8 through 11	. (must equal Part VIII, column (A), line 1	2)	8,383,3	347	12,084,757	
	13	Grants a	nd similar amounts paid (Par	IX, column (A), lines 1-3)		1,273,6	1,273,683 1,051,2		
	14	Benefits	paid to or for members (Part	X, column (A), line 4)			0	0	
88	15	Salaries,	, other compensation, employ	ee benefits (Part IX, column (A), lines 5-	-10)	5,680,4	188	5,679,541	
Expenses	16a	Professi	onal fundraising fees (Part IX	, column (A), line 11e) · · · ·		103,	785	0	
κbe	b	Total fund	raising expenses (Part IX, column (	D), line 25) 570,504					
Ш	17	Other ex	openses (Part IX, column (A),	lines 11a-11d, 11f-24e) · · · ·		1,591,8	319	2,582,066	
	18	Total ex	penses. Add lines 13-17 (mu	st equal Part IX, column (A), line 25)		8,649,	775	9,312,838	
	19	Revenue	e less expenses. Subtract line	18 from line 12		-266,4	128	2,771,919	
Net Assets or Fund Balances					Ве	ginning of Currei Year	nt	End of Year	
alan		Total ac	acts (Dort V. line 16)				- 2 5	10 175 600	
ASS B			sets (Part X, line 16)			17,259,		19,175,600	
E E			bilities (Part X, line 26)			7,666,9		6,810,990	
				line 21 from line 20		9,592,	000	12,364,610	
		Sign			nvina sch	edules and state	ements	and to the best of	
	rt II	nalties of	nature Block  neriury. I declare that I have	examined this return, including accompa	, , , , , , , , , , , , , , , , , ,				
Jnde	r per		perjury, I declare that I have	examined this return, including accompa complete. Declaration of preparer (other		er) is based on a	II inform	ation of which	
Jnde ny ki	r pen nowle	edge and	perjury, I declare that I have				II inform	ation of which	
Jnde ny ki orepa	r per nowle arer h	edge and nas any ki	perjury, I declare that I have belief, it is true, correct, and			er) is based on a 2022-05-14 Date	II inform	ation of which	
Jnde my ki prepa	r per nowle arer h	edge and nas any ki Signat	perjury, I declare that I have belief, it is true, correct, and nowledge. ture of officer	complete. Declaration of preparer (other		2022-05-14	II inform	ation of which	
Jnde ny ki orepa	r per nowle arer h	edge and has any ki Signat	perjury, I declare that I have belief, it is true, correct, and nowledge.	complete. Declaration of preparer (other		2022-05-14	ll inform	ation of which	
Jnde ny ki	r per nowle arer h	Signat	perjury, I declare that I have belief, it is true, correct, and nowledge.  Ture of officer  EKKI WHITLEY INTERIM EXECUTIVE or print name and title	complete. Declaration of preparer (other	than office	2022-05-14 Date		ation of which	
Jnde my ki prepa Sign Here	r per nowle arer h	Signat	perjury, I declare that I have belief, it is true, correct, and nowledge. rure of officer EKKI WHITLEY INTERIM EXECUTIVE	complete. Declaration of preparer (other		2022-05-14 Date	PTIN P0123750		
Jnde my ki prepa Sign Hero Pai(	r per nowle arer h	Signat  CORM Type c	perjury, I declare that I have belief, it is true, correct, and nowledge.  Eure of officer  EKKI WHITLEY INTERIM EXECUTIVE or print name and title  Print/Type preparer's name	complete. Declaration of preparer (other	than office	2022-05-14 Date  Check if self-employed	PTIN P0123750		
Sign Hero Paic	r per nowle arer h e e	Signat CORM Type o	perjury, I declare that I have belief, it is true, correct, and nowledge.  Ture of officer  EKKI WHITLEY INTERIM EXECUTIVE or print name and title  Print/Type preparer's name  Firm's name SB & COMPANY	DIRECTOR  Preparer's signature	than office	2022-05-14 Date	PTIN P0123750		
Sign Hero Paic	r per nowle arer h	Signat CORM Type o	perjury, I declare that I have belief, it is true, correct, and nowledge.  Eure of officer  EKKI WHITLEY INTERIM EXECUTIVE or print name and title  Print/Type preparer's name	DIRECTOR  Preparer's signature	than office	2022-05-14 Date  Check if self-employed	PTIN P0123750 -2153727	6	

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

Cat. No. 11282Y

☐ Yes ☐ No

Form 990 (2021)	Page
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	
1 Briefly describe the organization's mission:	
CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NONPARTISAN, ANTI-POVERTY NONPROFIT POLICY SOLUTIONS TO IMPROVE THE LIVES OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL YET STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORTUNITY, AND ADDRESSING INSTITUTION BARRIERS FACED BY PEOPLE OF COLOR. WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOW ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC SECURITY AND RACIAL EQUITY.	/ISIONARY ONAL AND RACIA

Did the organization undertake any significant program services during the year which were not listed on

Did the organization cease conducting, or make significant changes in how it conducts, any program

the prior Form 990 or 990-EZ? . . . . . . . If "Yes," describe these new services on Schedule O.

(Expenses \$

la	(Code:	) (Expenses \$	1,380,430	including grants of \$	11,028 ) (Revenue \$	)			
ı	expenses. Section	. 3	organizations a	are required to report th	e largest program services, as he amount of grants and alloca	,			
If "Yes," describe these changes on Schedule O.									
	services?					Yes V No			

WORKFORCE TRAINING AND POST-SECONDARY EDUCATION: - HELPED TO SECURE THE FIRST-EVER NATIONAL PAID LEAVE PROGRAM FORPRIVATE SECTOR

- WORKERS.- CONDUCTED POLICY ANALYSIS AND ADVOCACY TO EXPAND ACCESS TOPOSTSECONDARY EDUCATION, ADULT EDUCATION, AND WORKFORCE DEVELOPMENTOPPORTUNITIES TO STUDENTS WITH LOW INCOMES.- PUBLISHED INFLUENTIAL PAPERS AND ANALYSES IDENTIFYING RACIALDISPARITIES IN JOB QUALITY AND ACCESS TO HIGHER EDUCATION, ANALYZINGREASONS, AND PROPOSING SOLUTIONS. - PUBLISHED A SERIES OF FACTSHEETS AND BRIEFS ON HOW PAID SICK DAYS, PAID FAMILY MEDICAL LEAVE AND FAIR SCHEDULING PRACTICES IMPACT THE HEALTH AND ECONOMIC SECURITY OF WORKERS WITH LOW-WAGES AND THEIR FAMILIES AND GENERATED A SERIES OF INFLUENTIAL PAPERS AND COMMENTARIES ON HOW THE CORONAVIRUS PANDEMIC IMPACTED WORKERS IN LOW PAID JOBS.- PARTICIPATED IN NUMEROUS PRESS CALLS AND PUBLIC RADIO SHOW TOHIGHLIGHT THE NEED FOR NATIONAL, COMPREHENSIVE, AND INCLUSIVE PAID SICKDAYS AND PAID FAMILY AND MEDICAL LEAVE PROGRAMS IN LIGHT OF THECOVID-19 PANDEMIC, AND HOSTED CALLS AND WEBINARS WITH PARTNERS TOEXPLAIN PROVISIONS OF EMERGENCY PAID SICK DAYS AND PAID FAMILY ANDMEDICAL LEAVE TO STATE AGENCIES, WORKERS, AND ADVOCATES.- WORKED CLOSELY WITH ADVOCATES AND AGENCY STAFF TO HELP IMPLEMENT NEWOR STRENGTHEN EXISTING PAID SICK DAYS LAWS AND OTHER LABOR STANDARDS
  - INSTATES.- AT THE FEDERAL LEVEL, CLASP TESTIFIED AS AN EXPERT WITNESS BEFORE THEHOUSE EDUCATION AND LABOR COMMITTEE IN SUPPORT OF A NATIONAL PAID SICKDAY'S LAW, THE HEALTHY FAMILIES ACT. WE ALSO PROVIDED RECOMMENDATIONSTO THE BIDEN-HARRIS PRESIDENTIAL TRANSITION TEAM ON HOW TO SECURE ANDIMPLEMENT PAID FAMILY AND MEDICAL LEAVE.- HOSTED A WEBINAR ON STUDENT LOAN DEBT CANCELLATION, WHICH FEATUREDNATIONAL RENOWNED ECONOMISTS, A SENATE STAFFER, AND ADVOCATES. THEWEBINAR EXAMINED HOW STUDENT DEBT CANCELLATION CAN ACT AS A PATHWAY FORHOUSEHOLD RELIEF, ECONOMIC STIMULUS, AND RACIAL JUSTICE. WORKED TO PROMOTE POLICIES AT BOTH THE STATE AND FEDERAL LEVELS THATSUPPORT AFFORDABILITY, EXPANSION, ACCESSIBILITY FOR STUDENTS WITH LOWINCOMES, NON-TRADITIONAL STUDENTS, IMMIGRANTS, STUDENTS OF COLOR, ADULTLEARNERS, OPPORTUNITY YOUTH, AND JUSTICE-IMPACTED INDIVIDUALS. POLICIES WE ADVOCATED FOR INCLUDED THE EXPANSION OF COLLEGE STUDENTS'ACCESS TO PUBLIC BENEFITS BY PROVIDING TECHNICAL ASSISTANCE TO SELECTEDSTATES; SUBSIDIZED EMPLOYMENT THAT SUPPORT AN EQUITABLE ECONOMICRECOVERY FOR WORKERS; AND RECOMMENDATIONS TO THE BIDEN-HARRISPRESIDENTIAL TRANSITION TEAM ON HOW TO SECURE GOOD JOBS FOR WORKINGFAMILIES AND ACCESS TO POSTSECONDARY EDUCATION FOR STUDENTS WITH LOWINCOMES.
  - (Code: ) (Expenses \$ 2,406,746 including grants of \$ 522,878 ) (Revenue \$ 17,765) POVERTY AND INCOME SUPPORT PROGRAMS: - CONTINUED TO CO-LEAD THE PROTECTING IMMIGRANT FAMILIES (PIF) CAMPAIGN. - DISSEMINATED COMMUNITY EDUCATION MATERIALS ON PUBLIC CHARGE ANDSUPPORTED PARTNERS IN THEIR WORK; WHILE WORKING TO MAKE THE CASE FORNEW ADMINISTRATION TO OVERTURN PUBLIC CHARGE RULE AS SOON AS POSSIBLE. - ALONG WITH OUR PARTNERS, AUTHORED PAPERS ON DIFFERENT ASPECTS OFADMINISTRATIVE ADVOCACY FOR BENEFIT ACCESS (IE, POLICIES TO ENSUREFAMILIES GET HEALTH, NUTRITION, AND INCOME SUPPORT BENEFITS THEY AREELIGIBLE FOR). STRENGTHENED OUR KNOWLEDGE AND SKILLS REGARDING RACIAL EQUITY ANDRACISM IN PUBLIC BENEFITS SYSTEMS.- ADVOCATED FOR IMMIGRANT-INCLUSIVE
  - COVID RELIEF. DOCUMENTED THE HARM OF PUBLIC CHARGE AND SUPPORTED LITIGATION AGAINST IT. SUPPORTED STATE POLICY IMPROVEMENTS. HELPED ADVOCATES UNDERSTAND THE OPTIONS UNDER COVID RELIEF PACKAGESAND ADVOCATE FOR THEIR STATES TO USE THEM EFFECTIVELY.- WORKED WITH A HANDFUL OF STATES ON SUPPORTING STUDENTS WITH LOWINCOMES IN ACCESSING PUBLIC BENEFITS, WHILE ADVOCATING FOR ADOPTION OFPANDEMIC-EBT IN ALL STATES AND OUTREACH TO IMMIGRANT FAMILIES.- WROTE PAPERS ON FIGHTING POVERTY THROUGH CROSS-PROGRAM BENEFIT ACCESSAND ON THE NEED
  - TO SUPPORT FAMILIES WITH YOUNG CHILDREN, ANDCONTRIBUTED TO OTHER PAPERS, INCLUDING ON CHILDREN IN IMMIGRANTFAMILIES AND MENTAL HEALTH .-AUTHORED PRINCIPLES FOR FEDERAL TAX POLICY PAPER.- HEALING CENTERED LIBERATION POLICY: DEVELOPED RELATIONSHIPS WITHINDIVIDUALS WITH LIVED EXPERIENCE IN POVERTY AND BUILT OUT COMMUNITYPARTNERSHIP GROUP STRUCTURE TO PARTNER WITH THEM. ) (Expenses \$ 3,867,648 including grants of \$ 517,325 ) (Revenue \$ CHILDREN AND YOUTH:- LAUNCHED AND LED A DIVERSE NETWORK OF ADVOCATES TO ADVANCE POLICIESTHAT SUPPORT CHILDREN IN MIXED-STATUS

  - IMMIGRANT FAMILIES CALLED THECHILDREN THRIVE ACTION NETWORK (CTAN).- LAID THE GROUNDWORK THROUGH RESEARCH, ANALYSIS, POLICYMAKER EDUCATIONAND MORE TO ACHIEVE A HISTORIC INVESTMENT IN CHILD CARE. - LAUNCHED OUR INNOVATIVE NEW DEAL FOR YOUTH (ND4Y) PROJECT TO WORKWITH YOUNG ADULTS, CENTERING THEIR EXPERIENCES AND EXPERTISE, IN ORDERTO ACHIEVE POLICY AND COMMUNITY SOLUTIONS TO HELP YOUNG PEOPLE THRIVE. - DOCUMENTED THE HARMFUL IMPACT OF IMMIGRATION ENFORCEMENT POLICIES ONCHILDREN IN IMMIGRANT FAMILIES. - ADVOCATED FOR

INCLUSIVE COVID RELIEF FOR IMMIGRANT FAMILIES.- PROVIDED RECOMMENDATIONS TO THE BIDEN-HARRIS PRESIDENTIAL TRANSITIONTEAMS ON HOW TO BEST INCLUDE CHILDREN IN IMMIGRANT FAMILIES IN AGENCYPRIORITIES AND UNDO THE HARM OF ANTI-IMMIGRANT POLICIES.- PUBLISHED INFLUENTIAL ANALYSIS AND COMMENTARIES ON THE DEVASTATINGIMPACT OF THE COVID-19 PANDEMIC ON THE CHILD CARE SECTOR AND HOW TOBUILD A STRONGER, MORE EQUITABLE CHILD CARE SYSTEM; AND HOSTEDWEBINARS/CALLS TO EXPLAIN FEDERAL CHILD CARE POLICY IN THE CONTEXT OFCOVID AND INFLUENCE STATE POLICY

ADAPTATIONS AND IMPLEMENTATION OFRELIEF FUNDS.- TESTIFIED IN FRONT OF THE HOUSE EDUCATION AND LABOR COMMITTEE ON THENEED FOR CHILD CARE RELIEF IN THE CONTEXT OF COVID. PROVIDED TECHNICAL ASSISTANCE TO STATE CHILD CARE ADMINISTRATORS ANDADVOCATES ON RESPONDING TO THE COVID PANDEMIC AND IMPLEMENTING CHILDCARE RELIEF DOLLARS.- PUBLISHED INFLUENTIAL PAPERS AND COMMENTARIES ON THE CIRCUMSTANCES OFYOUTH AND YOUNG ADULTS WITH AN EMPHASIS ON MENTAL HEALTH FOR LOW-INCOMEYOUNG ADULTS, EMPLOYMENT PATHWAYS AND INTERSECTIONS WITH THE JUSTICESYSTEM. - DEVELOPED PARTNERSHIPS WITH YOUTH-LED ORGANIZATIONS AND ENGAGED YOUNGPEOPLE IN POLICY ACTIVISM, INCLUDING HOSTING A

SERIES OF WELL-ATTENDEDVIRTUAL CONVENINGS OF YOUNG PEOPLE TO DRAW ATTENTION TO NEEDS OF YOUTHAND ENGAGE YOUNG ADULTS IN POLICY PROCESS.- DEMONSTRATED THE WORSENING OF ECONOMIC CIRCUMSTANCE AND RACIALDISPARITIES FOR YOUTH AND YOUNG ADULTS AS A RESULT OF COVID THROUGHCOMMENTARIES, EVENTS AND DATA ANALYSIS.- PROVIDED RECOMMENDATIONS TO BIDEN-HARRIS PRESIDENTIAL TRANSITIONTEAMS ON HOW TO

CENTER YOUTH IN POLICYMAKING, INVEST IN YOUTHEMPLOYMENT AND DIVEST FROM THE CRIMINAL JUSTICE SYSTEM AND INVEST INCOMMUNITIES OF COLOR.

Other program services (Describe in Schedule O.) including grants of \$ ) (Revenue \$

7,654,824 Total program service expenses > Form 990 (2021)

### Form 990 (2021) Page 3 **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," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 👹 . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 candidates for public office? If "Yes," complete Schedule C, Part I 🥦 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 为 . . . . . . . . . . 4 Yes 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 Νo 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 Νo 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο complete Schedule D, Part III 🥵 . . . . . . . . . . . . . . . . . Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt Νo 9

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 5 . . . . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែងរនិទាំ១៩៥នា និទ្ធាទាខែង និងកែន dependent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Nο

Νo

Yes

Yes

Yes

Yes

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

Yes

Form 990 (2021)

negotiation services? If "Yes," complete Schedule D, Part IV 🥦

VIII, IX, or X, as applicable.

Form 990 (2021) Page 4 Checklist of Required Schedules (continued) Yes No

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 . . . .

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

**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

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

뜘네사육은 어떤데이탈리용다 아마나 오늘다니다 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

23

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Yes

Yes

Form 990 (2021)

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No

	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 3			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and						
Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No			
b	ষ্টেটেঙাংট্)ৰnter the name of the foreign country: ▶						
5a	$\sqrt{8}$ The organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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 services provided to the payor?	7a		Νo			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -			
d	file Form 8282?	7c		No			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
	bla the organization receive any rands, directly of manetary, to pay premiants on a personal benefit contract.	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	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	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b						
	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$ . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14b 15		No			
16	Is thesohaæeizhtionstruetiooætæombfilæsFiturtio47ឱ្យប្រទិស្សិតថា 4968 excise tax on net investment income?	16		No			
17		17					

Form	990 (2021)			Page <b>6</b>			
Pai	<b>Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 through 7b below, and for a "No" re 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	espons	e to line	s			
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI.	<u> </u>		. 🗸			
Se	ection A. Governing Body and Management		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax  1a 21		163	140			
	Yethere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo			
5	600 had the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo			
6	<b>6</b> Did the organization have members or stockholders?						
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done						
13	Did the organization have a written whistleblower policy?	13	Yes				
	Did the agree in the party of more than the party of the	4.4	V				

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, SC, TN, UT, RI, VA , WV, WI

organization's exempt status with respect to such arrangements? .

Section 6104 requires an organization to make its Form 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

**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

apply. Own website 🔽 Another's website 🔽 Upon request 🔲 Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ►CENTER FOR LAW AND SOCIAL POLICY 1310 L STREET NW WASHINGTON, DC 20005 (202) 906-8004

Form 990 (2021)

Νo

16b

Part VII

BOARD MEMBER

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

- of reportable compensation from the organization and any related organizations. • 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 n	or any related o	organiz	ation	con	nper	nsate	d an	y current officer,	director, or truste	e	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
	line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	20)		-	
(1) LAVEEDA BATTLE BOARD CHAIR	2.00	Х		Х				0	0	0	
(2) ANNIE BURNS 	1.00	х		х				0	0	0	
(3) LISA BROWN BOARD VICE CHAIR (1/21-9/21)	1.00	х		х				0	0	0	
(4) JOHN M BOUMAN	1.00										
SECRETARY		Х		Х				0	0	0	
(5) JARRETT BARRIOS	1.00	х						0	0	0	
BOARD MEMBER	1.00										
(6) JAMIRA BURLEY BOARD MEMBER		Х						0	0	0	
(7) MICHAEL CAMUNEZ	1.00	Х						0	0	0	
BOARD MEMBER	1.00										
(8) DONNA COOPER BOARD MEMBER	1.00	х						0	0	0	
(9) ANGELA DIAZ	1.00										
BOARD MEMBER		Х						0	0	0	
(10) DAVID DODSON BOARD MEMBER	1.00	х						0	0	0	
(11) STEVEN DOW	1.00	Х						0	0	0	
BOARD MEMBER									-		
(12) PETER EDELMAN BOARD MEMBER	1.00	Х						0	0	0	
(13) DAVID HANSELL	1.00	Х						0	0	0	
BOARD MEMBER		,						, and the second	· ·		
(14) DENEA JOSEPH BOARD MEMBER	1.00	х						0	0	0	
(15) SIMON LAZARUS	1.00	х						0	0	0	
BOARD MEMBER  (16) SUNIL MANSUKHANI	1.00										
BOARD MEMBER		Х						0	0	0	
(17) EDWARD MONTGOMERY	1.00	Х						0	0	0	

\$100,000 of compensation from the organization  $\triangleright$  0

1.00	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
Capacity and other   Capacity	= =	Average hours per week (list any hours for	more pers and	than son is	n (do n one s bot irecto	o not e bo th ar tor/ti	ox, unle in offic trustee	less cer e)	Reportable compensation from the organization	Reportable compensation from related organizations	Estima amount o compens from	nated of other isation the
1.00   X		organizations below dotted	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099-	and rel	lated
100 CARSA STANLEY		1.00	x						0	0	)	0
## BOARD MEMBER  ## C21) OLIVAR GOLDEN  ## A0.00	BOARD MEMBER (19) CARISA STANLEY	1.00	,	<del> </del>	$\vdash$	+	+	$\vdash$				
DOAGO MEMBER (21) OLIVIA GOLDEN (22) CORMEKKI WHITLEY (22) CORMEKKI WHITLEY (23) CORMEKKI WHITLEY (24) OLIVIA GOLDEN (25) CORMEKKI WHITLEY (26) OLIVIA GOLDEN (27) ARKASURER, COO (23) CORMEKKI WHITLEY (24) OLIVIA GOLDEN (24) HANNAH MATTHEWS (25) CLIZARDIN LOWER ASKOI (26) CLIZARDIN LOWER ASKOI (27) ARKASUR DIRECTOR (28) CLIZARDIN LOWER ASKOI (29) CLIZARDIN LOWER ASKOI (20) CLIZARDIN LOWER ASKOI (21) CLIZARDIN LOWER ASKOI (22) CLIZARDIN LOWER ASKOI (23) CLIZARDIN LOWER ASKOI (24) CLIZARDIN LOWER ASKOI (25) CLIZARDIN LOWER ASKOI (26) CLIZARDIN LOWER ASKOI (26) CLIZARDIN LOWER ASKOI (27) AKOSUM AMONAN LOWER ASKOI (28) CLIZARDIN LOWER ASKOI (29) CLIZARDIN LOWER ASKOI (20) CLIZARDIN LOWER ASKO	BOARD MEMBER (20) SHERECE WEST-SCANTLEBURY		×	-	+	+		<del> </del>				0
X X X 223,166 0 29, 28, 28, 28, 29, 29, 29, 29, 29, 29, 29, 29, 29, 29	BOARD MEMBER		x		<u> </u>	<u> </u>	<u> </u>	<u> </u>	۷			0
EXECUTIVE DIRECTOR  (22) COMMENCATION  (32) SARABARA SEMEDO  (23) SARABARA SEMEDO  (24) MANANH MATTIEWS  (25) ELEZABETH LOWER-BASCH  (25) ELEZABETH LOWER-BASCH  (26) THOMAS SALYENS  (27) AKOSUA AMOAKO-ATTA  (31) Did the organization individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  (3) Individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such person  (A) (8) (C)	(21) OLIVIA GOLDEN		X	]	X				223,166	c		29,013
TREASURER, COO	EXECUTIVE DIRECTOR (22) CORMEKKI WHITLEY	40.00	)	<del>                                     </del>				_				35,180
(24) HANNAH MATTHEWS 40.00 XX 170,680 0 36,000000000000000000000000000000000					$\vdash$	X		$\vdash$			)	26,279
### 170,680 0 36,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DEPUTY DIR., COMMUNICATION (24) HANNAH MATTHEWS	40.00		<del>                                     </del>	$\vdash$	+-	+	┢	<del> </del>	<del>                                     </del>	-	
A0.00   X   156,914   0   41,	DEPUTY DIR., POLICY	70.00	.	_ '		Х			170,680	0		36,662
(26) THOMAS SALYERS  40.00  RECORAM DIRECTOR  10 Sub-Total  11 Type	(25) ELIZABETH LOWER-BASCH					Х			156,914	0		41,178
PROGRAM DIRECTOR    143,070	(26) THOMAS SALYERS						X		146,095	,		17,476
### PROGRAM DIRECTOR    1b Sub-Total	PROGRAM DIRECTOR		ļ	<u> </u>	<u> </u>	<u> </u>	ļ.,	igspace				177
c Total from continuation sheets to Part VII, Section A	, ,			<u> </u>	igspace	<u> </u>	Х	<u> </u>	143,070	0		42,052
c Total from continuation sheets to Part VII, Section A			-	-	_	-	_	$\vdash$		<del> </del>		
c Total from continuation sheets to Part VII, Section A			<del>                                     </del>	<del>                                      </del>	$\vdash$	+	<del> </del>	$\vdash$	+			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 7  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 7  The section B. Independent Contractors  Individual (including but not limited to those listed above) who received more than \$1,202,503    Yes No  Yes No  Yes No  Yes No  Yes No  The services rendered to hine 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person					<u> </u>	•	<u> </u>	<u> </u>				
\$100,000 of reportable compensation from the organization 7  Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	d Total (add lines 1b and 1c)	<u></u>	<u></u>			-	<u> </u>	_	1,202,503	0		227,84
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	` •				ed a	bove	e) who	o red	ceived more than			
on line 1a? If "Yes," complete Schedule J for such individual					-						Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	on line 1a? If "Yes," complete Schedule J	J for such individ	dual .	•	•	•				3	;	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations										Yes	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)			•				,		-	individual for		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)			e suic	auic .	J IU.	· 5uc	in pers	3011		5		No
	1 Complete this table for your five highes	st compensated										
						_			Descript			
					_							
								_		<del></del>	<del></del>	
								_	<u> </u>		+	

	t VIII Statement	t of Revenue							rage <b>3</b>
	Check if Sch	edule O contains a res	ponse or not	e to	any line in this Pa	rt VIII			🗆
					(A) Total revenue	(B) Related exem function reven	d or pt on	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contr	ributions, Gifts, Grant	s, and OtherAmt Simi	lar Amounts	<b>1</b> a F	ederated campaig		1a		312 314
				1	Membership dues		1b		
				<b>c</b> F	undraising events		1c		
					Related organizatio		1d		
					Government grants (co		1e	817,100	
				а	All other contributions, in and similar amounts no	girts, grants, it included	1f	11,246,596	
				a N	above Noncash contributions in	ncluded in		· · ·	
					ines 1a - 1f:\$	1.6	<b>1</b> g	8,065	
			Di.		T <b>otal.</b> Add lines 1a	-11			12,063,696
	2a HONORARIUM		Business C		17,765		17,765		
9	Za Honoroudori		90	00099					
/en	b		_						
æ									
Program Service Revenue	с								
Ser									
E	d		-						
ogra	e								
Δ									
	<b>f</b> All other progran								
	<b>9 Total.</b> Add lines		_	7,765	1			T	
	other	ne (including dividends	, interest, ar	na	3,29	96			3,296
	49imilareafromnitales	stment of tax-exempt	bond procee	ds 🌡	<b>*</b>				
	<b>5</b> Royalties			•	•				
		(i) Real	(ii) Perso	nal					
	<b>6a</b> Gross rents	6a							
	<b>b</b> Less: rental	- Ch							
	expenses c Rental	6b							
	income or	6c							
	d (Netsrental incom	ne or (loss)							
	_	(i) Securities	(ii) Oth	er					
	<b>7a</b> Gross amount from sales of	7a							
	assets other than inventory								
	<b>b</b> Less: cost or	7b							
	other basis and sales expenses								
	c Gain or (loss)	7c							
	d Net gain or (loss	s)		•					
	8a Gross income from fu	-							
•	(not including \$ contributions reporte	of ed on line 1c).							
nue	See Part IV, line 18	8a							
ě	<b>b</b> Less: direct exp	enses <b>8b</b>							
1	c Net income or (Id	oss) from fundraising	events						
Other Revenue				_					
0	<b>9a</b> Gross income fro	om gaming							
	activities. See Part IV, line b Less: direct exp	19							
		enses <b>9b</b> oss) from gaming activ	lities	_					
		555) gag det.		<b>•</b>					
	10a Gross sales of in								
	returns and allow	100			_				
	<b>b</b> Less: cost of goo								
	• Net income or (Id	oss) from sales of inve	antory	•					
	Miscellaneo	ous Revenue	Business (	Code					
	11a								
	b								
	с								
	<b>d</b> All other revenue	e							
	e Total. Add lines	11a-11d		٠					
	12 Total revenue. Se	ee instructions		•	12.004.75	57	17 70		0 3,296
	1				12,084,75		17,76	<u>-1</u>	0 3,296

**20** Interest . . .

**23** Insurance . . .

c MISCELLANEOUS

e All other expenses

21 Payments to affiliates . . .

22 Depreciation, depletion, and amortization .

line 24e expenses on Schedule O.)

a SUBSCRIPTION AND PUBLIC

**b** DUES AND REGISTRATIONS

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list

25 Total functional expenses. Add lines 1 through 24e **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). 471

3,115

1,789

5,870

6,400

1,000

570,504

Form 990 (2021)

Form 990 (2021)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus	st complete all colum	nns. All other organ	izations must comp	
Check if Schedule O contains a response or note to	any line in this Part			🔽
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,051,231	1,051,231		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
	1			
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,430,343	1,200,644	124,248	105,451
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Obbar relation and warran	3,365,753	2,825,248	292,369	248,136
7 Other salaries and wages	134,215	112,661	11,659	9,895
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,213	112,001	11,033	J,033
9 Other employee benefits	419,907	352,875	35,950	31,082
10 Payroll taxes	329,323	276,850	28,089	24,384
11 Fees for services (non-employees):		.,	.,	,,,,
a Management				
<b>b</b> Legal	3,887	1,126	2,628	133
<b>c</b> Accounting	92,108	26,677	62,270	3,161
d Lobbying		.,.	, ,	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,399,345	1,103,386	237,709	58,250
12 Advertising and promotion	1	1	Ī	
13 Office expenses	93,355	60,753	22,281	10,321
14 Information technology	62,414	18,077	42,195	2,142
<b>15</b> Royalties	•		*	· · · · · · · · · · · · · · · · · · ·
<b>16</b> Occupancy	657,121	496,105	108,073	52,943
17 Travel	23,554	12,664	10,570	320
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	·		, 1	<u> </u>
<b>19</b> Conferences, conventions, and meetings	42,444	24,221	12,582	5,641

5,412

55,603

20,568

75,278

27,629

23,348

9,312,838

3,979

26,283

15,095

7,187

17,414

22,348

7,654,824

26,205

3,684

62,221

3,815

1,087,510

0

<b>2</b> 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.		

Forr	n 990	(2021)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to any line in this	Part IX .			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,688,128	1	5,589,214
	2	Savings and temporary cash investments			4,294,653	2	4,298,125
	3	Pledges and grants receivable, net			3,632,035	3	2,951,100
	4	Accounts receivable, net			38,217	4	27,739
		Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disquunder section 4958(f)(1)), and persons desc	bstantial contributor, or hese persons alified persons (as defir	- 35% ned		5	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges .			147,874	9	221,729
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		335,806			
	ь	Less: accumulated depreciation	10b	140,717	199,342	10c	195,089
	11	Investments—publicly traded securities .			8,386	11	2,841
	12	Investments—other securities. See Part IV, li		·	12	·	
	13	Investments—program-related. See Part IV, I			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		-	6,250,900	15	5,889,763
	16	Total assets: Add lines 1 through 15 (must e	qual line 33)		17,259,535	16	19,175,600
	17	Accounts payable and accrued expenses .			451,708	17	666,959
	18	Grants payable			18		
	19	Deferred revenue			19	7,000	
	20	Tax-exempt bond liabilities				20	1,000
		Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	rmer officer, director, tr			22	
	23	Secured mortgages and notes payable to unre	elated third parties .			23	
	24	Unsecured notes and loans payable to unrela	•		817,100	24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on I Complete Part X of Schedule D	, payables to related th	ird	6,398,139	25	6,137,031
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			7,666,947	26	6,810,990
es		Organizations that follow FASB ASC 958, che	ck here 🕨 🔽 and comp	olete			
<b>Fund Balances</b>	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			3,826,211	27	2,651,783
ä	20	Not accept with dense washinting		Ì	5,766,377	20	9,712,827
n d		Net assets with donor restrictions			5,700,377	28	9,712,027
or Ft		Organizations that do not follow FASB ASC 9 complete lines 29 through 33.	nd				
ts	29	Capital stock or trust principal, or current fun			29		
Assets or	30	Paid-in or capital surplus, or land, building or		•		30	
	31	Retained earnings, endowment, accumulated	income, or other funds		0.500.500	31	40.004.010
Net	32	Total net assets or fund balances		<u> </u>	9,592,588	32	12,364,610
_	33	Total liabilities and net assets/fund balances		1	17,259,535	33	19,175,600

Form **990** (2021)

**b** Were the organization's financial statements audited by an independent accountant? 2b Yes 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: Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule O.

Single Audit Act and OMB Circular A-133? За Νo

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

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

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form 990 (2021)

Form 990 (2021)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Desc	ription:	
	Special Condition Description	

## (Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

CENTER FOR LAW AND SOCIAL POLICY

**SCHEDULE A** 

## **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.

Inspection

OMB No. 1545-0047

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

**Employer identification number** 

23-7000150

3		A hospital or a cooper	ative hospital s	service organization de	escribed in <b>section 170(b)(1</b> )	)(A)(iii).	
4		A medical research org hospital's name, city, a		ated in conjunction wi	ith a hospital described in <b>sec</b>	ction 170(b)(1)(A)(iii	). Enter the
5		An organization operat		-	versity owned or operated by	a governmental unit d	escribed in <b>section</b>
6		A federal, state, or loc	al government	or governmental unit	described in section 170(b)(	L)(A)(v).	
7	<b>~</b>	An organization that no described in <b>section 1</b> :			its support from a governme	ntal unit or from the o	general public
8		A community trust des	cribed in <b>secti</b>	on 170(b)(1)(A)(vi).	(Complete Part II.)		
9		university or a non-lan	d grant college	e of agriculture. See in	<b>1)(A)(ix)</b> operated in conjunctions. Enter the name, c	ity, and state of the c	ollege or university:
10		receipts from activitie	s related to its income and ui	exempt functions—subrelated business taxa	3% of its support from contril bject to certain exceptions, a ble income (less section 511 Complete Part III.)	nd (2) no more than 3	33 1/3% of its support
11		An organization organi	zed and opera	ted exclusively to test	for public safety. See <b>section</b>	509(a)(4).	
12		one or more publicly s	upported orgar	nizations described in s	penefit of, to perform the fund section 509(a)(1) or section by f supporting organization and	509(a)(2). See section	<b>n 509(a)(3).</b> Check
а		7.	(s) the power	to regularly appoint or	controlled by its supported o elect a majority of the direct	. ,, ,,	, , , ,
b		7.	pporting organ	ization vested in the s	in connection with its suppo ame persons that control or r	3 ( ),	, ,
c					operated in connection with, oplete Part IV, Sections A, D,		grated with, its
d			ated. The organ	nization generally mus	ation operated in connection t satisfy a distribution requir and <b>D, and Part V.</b>		` '
е		Check this box if the o integrated, or Type III	5		nination from the IRS that it ng organization.	is a Type I, Type II, T	ype III functionally
f	Ente	r the number of support	ed organizatior	ns		<u> </u>	
g		Provide the following in	nformation abo	ut the supported orgar	nization(s).		T
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines	(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				1- 10 above (see		7	

instructions))

No

Yes

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (d) 2020 (e) 2021 (c) 2019 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 7,390,786 8,867,178 11,051,557 836,922 12.063.696 40,210,139 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 7,390,786 8.867.178 11.051.557 836,922 12.063.696 40,210,139 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 20,384,172 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 19,825,967 line 4. Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 11,051,557 40,210,139 7,390,786 8,867,178 836,922 12,063,696 Amounts from line 4. . Gross income from interest, dividends, payments received on 47,131 11,608 19,682 6,375 3,296 88,092 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried 10 Other income. Do not include gain 8,441 53 38,078 5,240 57,522

# or loss from the sale of capital assets (Explain in Part VI.). .

Section C. Computation of Public Support Percentage

Total support. Add lines 7 through

	5,76

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 

h 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . .

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

40,355,753

49.130 %

66.020 %

Schedule A (Form 990) 2021

12

14

15

Sche	edule A (Form 990) 2021						Page 3
P	Support Schedule 1 (Complete only if you II. If the organization	checked the	box on line 1	0 of Part I or i	f the organizat		alify under Part
Se	ection A. Public Support						
	ndar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	fiscal year beginning in)  Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified 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						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Se	ection B. Total Support			•			•
Cale	ndar year fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
`9	Amounts from line 6						
10a	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.						
•	Add lines 10a and 10h		1	1	I	1	

9	Amounts from line 6	
10a	Gross income from inter	re

10a	Gross income from interes
	dividends, payments rece
	securities loans, rents, ro

### 11 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.). . First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage 15

Public support percentage from 2020 Schedule A, Part III, line 15. 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2021 (line 10c, column (f 17

Investment income percentage from **2020** Schedule A, Part III, line 17 . . . . . . . . . . . .

									16		
g	е										

ne 13, column (f)) . . . . . .

f)	di	vided	by	lin
T	ТТ	line	17	

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than  $\overline{33}$  1/3%, and line 17 is not

17

- b 33 1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

- more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . .

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . Schedule A (Form 990) 2021

Yes

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

No

### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

omplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

omplete Sections A and D, and complete Part V.)

Section A	All Supporting Organ
checked box	12d, of Part I, co
checked	box 12b, of Part I, co

	occion in in outporting organizations				
			,		
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,				
	describe the designation. If historic and continuing relationship, explain.	1			

**Supporting Organizations** 

**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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**Substitutions only.** Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any supported organization that does not have an IRS determination of status under was described in section 509(a)(1) or (2).

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

**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 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.

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.

or supervised by or in connection with its supported organizations.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

Supporting Organizations (continued)

2a

2b

За

3b Schedule A (Form 990) 2021

Page **5** 

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 11b below, the governing body of a supported organization?	11a							
ь	A family member of a percent described on 11a above?	11a		<del></del>					
C	,								
	Part VI	1111							
	Section B. Type I Supporting Organizations		1						
			Yes	No					
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 appeand/or remove directors or trustees were allocated among the supported organizations and what conditions or restriction if any, applied to such powers during the tax year.	oint							
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 <b>Part VI</b> how providing such								
	benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2							
-5	Section C. Type II Supporting Organizations	<u> </u>							
			Yes	No					
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 <b>Part VI</b> how control or								
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1							
	Section <sup>z</sup> ກໍ່ເ <sup>ລ</sup> ິ່ມເກົ່ຽງpe III Supporting Organizations		ı	_					
			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	c							
	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 <b>Part VI</b> how to	ne							
	organization maintained a close and continuous working relationship with the supported organization(s).	2							
3	By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organization's	ons 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 year (see	instruction	ns):						
	a The organization satisfied the Activities Test. Complete line 2 below.		•						
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.								
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government e	ntity (see							
	instructions)	, (556							
2	Activities Test. Answer lines 2a and 2b below.								

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**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.

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

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

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

organization's involvement.

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

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

temporary reduction (see instructions)

instructions)

Page **6** 

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

See instructions.

a Excess from 2017. . . .
 b Excess from 2018. . . .
 c Excess from 2019. . . .
 d Excess from 2020. . . .
 e Excess from 2021. . . .

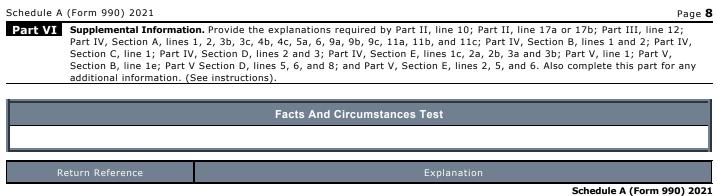
3j and 4c.

8 Breakdown of line 7:

c Remainder. Subtract lines 4a and 4b from line 4.
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 7 Excess distributions carryover to 2022. Add lines

Schedule A (Form 990) (2021)



### **SCHEDULE C** (Form 990)

Department of the Treasury Internal Revenue Service

2

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990) 2021

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

- If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,
- line 35c (Proxy Tax) (see separate instructions), then

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

Name	e of the	e orgar	izatior	1				Employer identificat	ion number	
<ul><li>Se</li></ul>	ection 5	01(c)(4	), (5), (	or (6) org	anizations: Con	nplete Part III.				
	•	•	, ,	•		,,				

CENTER FOR LAW AND SOCIAL POLICY

### Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- Political campaign activity expenditures. See instructions .....
- 2
  - Volunteer hours for political campaign activities. See instructions ......
- Part I-B Complete if the organization is exempt under section 501(c)(3).

  - Enter the amount of any excise tax incurred by the organization under section 4955 ......
  - Enter the amount of any excise tax incurred by organization managers under section 4955 ......
  - If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....
- 3 Was a correction made? .....
- If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).
  - Enter the amount directly expended by the filing organization for section 527 exempt function activities .....
- 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527
- exempt function activities ......
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..........
- Did the filing organization file Form 1120-POL for this year? ..... ┌ Yes □ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a
- separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.
- (b) Address (a) Name (c) EIN (d) Amount paid from (e) Amount of filing organization's funds. If none, enter
- political contributions received and -0-. promptly and directly delivered to a separate political organization. If none, enter -0-.
- 5

Cat. No. 50084S

Schedule C (Form 990) 2021

Page 3

(b)

Amount

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

(a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No 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,

1 through the use of:

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ....... Media advertisements? .....

Mailings to members, legislators, or the public? .....

Publications, or published or broadcast statements? ..... Grants to other organizations for lobbying purposes?

h

Direct contact with legislators, their staffs, government officials, or a legislative body? ..... Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ......

Other activities? Total. Add lines 1c through 1i ..... Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....

2a

If "Yes," enter the amount of any tax incurred under section 4912 ...... If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ...... If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Were substantially all (90% or more) dues received nondeductible by members? ..... 1 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 expenditures from the prior year? .....

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members ...... 1

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

expenses for which the section 527(f) tax was paid).

Current year ..... Carryover from last year

Part IV

Return Reference

3

**Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... Taxable amount of lobbying and political expenditures. See Instructions ......

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

Explanation

1

2a

2b 2c

3

4

5

1

Yes No 2

Schedule C (Form 990) 2021

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

OMB No. 1545-0047

Internal Revenue Service

Open to Public Department of the Treasury Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** CENTER FOR LAW AND SOCIAL POLICY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year . . . . . . . . Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . . . **2**c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not 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, in Part XIII, the text of the footnote to its financial statements that describes these items. 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

Par	t III Organizations Maintaining (	Collection	ns of A	rt, Histo	orical 1	Treasu	ires, or	Other Sir	milar Asse	ts (co	ntinued)
3	Using the organization's acquisition, access	sion, and ot	her reco	rds, check	any of	the follo	owing that	are a signi	ficant use of	its	
_	collection items (check all that apply):			dГ							
а	Public exhibition			u į			iange prog				
b	Scholarly research			e [	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's Part XIII.	collections a	and expla	ain how th	ey furth	er the c	organizatio	n's exempt	purpose in		
5	During the year, did the organization solici assets to be sold to raise funds rather than								Yes	No	
Pa	rt IV Escrow and Custodial Arran										
	Complete if the organization an Part X, line 21.	swered "Y	es" on I	Form 990	), Part	IV, line	9, or re	ported an	amount on	Form	1 990,
-	·										
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?								☐ Yes │	- No	
b	If "Yes," explain the arrangement in Part X	III and com	plete the	e following	g table:			A	Amount		_
С	Beginning balance						1c				
d	Additions during the year						1d				<u> </u>
е	Distributions during the year						1e				_
f	Ending balance						1f				_
2a	Did the organization include an amount on						odial acco	unt liahility	₂ Yes I	No	_
24	· · ·	101111 330,	ruic X, ii	1110 21, 10	CSCIOW	or cust	outar acco	ant nability			
b	If "Yes," explain the arrangement in Part X	III. Check l	here if th	ne explana	ition has	been p	rovided in	Part XIII	□		
Pa	rt V Endowment Funds.										
	Complete if the organization an	swered "Y (a) Curre		Form 990 ( <b>b)</b> Prio				(d) Thron w	ears back (e)	Four vo	arc back
1a	Beginning of year balance	(a) curre	ent year	(6) FIR	or year	(C) TW	o years back	(u) Timee ye	ears back (e)	our yea	als back
	Contributions										
	Net investment earnings, gains, and losses										
Ī	The mire carmings, game, and resess										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	rrent year e	end balar	nce (line 1	g, colum	nn (a)) l	held as:				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment										
С	Term endowment										
2-	The percentages on lines 2a, 2b, and 2c s	•					d	J 6 41			
3a	Are there endowment funds not in the poss organization by:	ession of th	e organi	zation tha	t are nei	ia ana a	aministere	a for the		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on 3a(ii), are the related organizat	tions listed	as requir	ed on Sch	nedule R	?			3b		
4	Describe in Part XIII the intended uses of	the organiza	ation's ei	ndowment	funds.						
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization an	swered "Y									
	Description of property (a) Cost or oth (investment)		(b) Cost	or other ba	sis (other)	(c) A	ccumulated o	depreciation	<b>(d)</b> B	ook valu	ie
1a	Land										-
	Buildings										
	Leasehold improvements				101,51	7		10,821			90,696
	Equipment										
	Other				234,289	9		129,896			104,393

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

195,089

Schedule D (Form 990) 2021				Page <b>3</b>
Part VIII Investments - Other Securities.  Complete if the organization answered "Yes" on Form 99	00. Part	IV. line 11h.See	Form 990	). Part X. line 12.
(a) Description of security or category (including name of security)	(b) Boo	k (	(c) Method o	of valuation:
(1) Financial derivatives	value	Cost	or end-or-ye	ear market value
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part Investments - Program Related.		TV 1: 11- C-	- F 00:	0 Dov. V 1:00 12
Complete if the organization answered 'Yes' on Form 99  (a) Description of investment	ou, Part	(b) Book value		U, Part X, line 13.  Method of valuation:
<u>(1)</u>			Cost or e	nd-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX Other Assets.	•			
Complete if the organization answered 'Yes' on Form 990  (a) Description	0, Part I	V, line 11d. See	Form 990,	Part X, line 15. <b>(b)</b> Book value
(1)DEPOSITS (2)RIGHTS OF USE ASSETS				49,466 5,840,297
(2)				3,040,297
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			. >	5,889,763
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990	0, Part I	V, line 11e or 1	1f.	
See Form 990, Part X, line 25.  1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			<b>*</b>	6,137,031
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for organization's liability for uncertain tax positions under FIN 48 (ASC 740). Cl			s financial st	tatements that reports the
XIII	HELK HELE	, in the text of the	. roomote He	25 Been provided in Part

Recoveries of prior year grants . . .

Add lines 2a through 2d . . . . . .

Subtract line 2e from line 1 . . . . . .

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 . . . . . .

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII.) . . . . . . . . .

Add lines 4a and 4b . . . .

Prior year adjustments . . . .

Add lines 2a through 2d . . . . . .

Subtract line 2e from line 1 . . . . . . .

Add lines **4a** and **4b** . . . . . . . .

Other losses . . . . . . Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Supplemental Information

3

1

2

h

3

Part XIII

PART X, LINE 2:

103

12,084,757

12,084,757

9,312,838

9,312,838

9,312,838

Schedule D (Form 990) 2021

Reconciliation of Revenue per Audited Financial Statements With Revenue per

2c 2d

4b

2a 2h

2c

2d

4a

4b

Explanation

PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. CLASP PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2021 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2021, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2018 THROUGH 2021 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND ANY STATE AND LOCAL JURISDICTIONS IN WHICH CLASP FILES TAX RETURNS. IT IS CLASP'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO

CLASP IS EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAXES OTHER THAN NET UNRELATED BUSINESS INCOME BY THE INTERNAL REVENUE SERVICE UNDER THE

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE.

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

- Total revenue, gains, and other support per audited financial statements .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
- Net unrealized gains (losses) on investments . . . 2a 103

- 2h Donated services and use of facilities . . . . .

- 12,084,860

2e

3

4c

5

1

2e

3

4c

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Schedule I (Form 990)

Department of the

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Open to Public Inspection

Treasury
Internal Revenue Service Name of the organization **Employer identification number** CENTER FOR LAW AND SOCIAL POLICY 23-7000150 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 

Part II Grants and Other As that received more	ssistance to Dome than \$5,000. Part	stic Organizations and I	Domestic Governments. additional space is nee	Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	(h) Purpose of grant or assistance
(1) EVERY TEXAN 7020 EASY WIND DRIVE SUITE 200 AUSTIN,TX 78752	74-2898197	501(C)(3)	75,000	0			SUPPORT IN COMBATING THE HARMFUL EFFECTS OF THE PUBLIC CHARGE RULE TO ENSURE IMMIGRANTS AND THEIR FAMILIES RECEIVE SUPPORT
(2) CHILDREN AT RISK 2900 WESLAYAN STREET 400 HOUSTON,TX 77027	76-0360533	501(C)(3)	10,000	0			PROVIDE SUPPORT TO THE CHILDREN THRIVE ACTION NETWORKS STATE ADVOCACY GROUP
(3) CHILDREN'S PARTNERSHIP 811 WILSHIRE BLVD SUITE 1000 LOS ANGELES,CA 90017	46-4106389	501(C)(3)	10,000	0			PROVIDE SUPPORT TO THE CHILDREN THRIVE ACTION NETWORKS STATE ADVOCACY GROUP
(4) COMMUNITY ORGANIZING AND FAMILY ISSUES 2245 SOUTH MICHIGAN SUITE 200 CHICAGO,IL 60616	36-4044632	501(C)(3)	10,000	0			PROVIDE TECHNICAL ASSISTANCE ON PARENT ENGAGEMENT STRATEGIES FOR THE CHILDREN THRIVE ACTION NETWORK.
(5) FAMILY FORWARD OREGON PO BOX 15146 PORTLAND,OR 97293	80-0436735	501(C)(3)	50,000	0			TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES
(6) FLORIDA HEALTH JUSTICE PROJECT 3793 IRVINGTON AVE MIAMI,FL 33133	82-3397515	501(C)(3)	60,000	0			SUPPORT IN COMBATING THE HARMFUL EFFECTS OF THE PUBLIC CHARGE RULE TO ENSURE IMMIGRANTS AND THEIR FAMILIES RECEIVE SUPPORT
(7) FOOD RESEARCH ACTION CENTER 1200 18TH STREET SUITE 400 WASHINGTON, DC 20036	23-7200739	501(C)(3)	10,000	0			SUPPORTED RESEARCH, ADVOCACY AND DEVELOPMENT OF EDUCATIONAL MATERIALS TO COMBAT THE HARMFUL EFFECTS OF THE PUBLIC CHARGE RULEFOR CHILDREN IN IMMIGRANT FAMILIES TO RECEIVE NUTRITIONAL SUPPORT
(8) MICHIGAN ADOVACY PROGRAM 15 S WASHINGTON STREET	38-1845444	501(C)(3)	75,000	0			SUPPORT IN COMBATING THE HARMFUL EFFECTS OF THE PUBLIC

YPSILANTI,MI 48197						CHARGE RULE TO
						ENSURE IMMIGRANTS AND THEIR FAMILIES RECEIVE SUPPORT
(9) NATIONAL DOMESTIC WORKERS ALLIANCE 45 BROADWAY SUITE 320 NEW YORK,NY 10006	35-2420942	501(C)(3)	50,000	0		TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES
(10) NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD SUITE 600 LOS ANGELES,CA 90010	95-4539765	501(C)(3)	10,000	0		SUPPORTED RESEARCH, ADVOCACY AND DEVELOPMENT OF EDUCATIONAL MATERIALS TO COMBAT THE HARMFUL EFFECTS OF THE PUBLIC CHARGE RULEFOR CHILDREN IN IMMIGRANT FAMILIES TO RECEIVE NUTRITIONAL SUPPORT
(11) NATIONAL WOMEN'S LAW CENTER 11 DUPONT CIRCLE SUTIE 800 WASHINGTON,DC 20036	52-1213010	501(C)(3)	242,325	0		TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES
(12) NEW MEXICO CENTER ON LAW AND POVERTY 301 EDITH BLVD NE ALBURQUERQUE, NM 87102	85-0437960	501(C)(3)	20,000	0		MONITOR AND CAPTURE LESSONS FROM THE STATES UNWINDING FROM THE MEDICAID CONTINUOUS COVERAGE PROVISION.
(13) NEW MEXICO VOICES FOR CHILDREN 925 SILVER AVENUE SW STE 195 ALBURQUERQUE,NM 87102	85-0348301	501(C)(3)	50,000	0		TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES
(14) NORTH CAROLINA JUSTICE CENTER 224 S DAWSON STREET RALEIGH,NC 27601	56-1348186	501(C)(3)	75,000	0		SUPPORT IN COMBATING THE HARMFUL EFFECTS OF THE PUBLIC CHARGE RULE TO ENSURE IMMIGRANTS AND THEIR FAMILIES RECEIVE SUPPORT
(15) NOURISH CALIFORNIA 1970 BROADWAY SUITE 760 OAKLAND,CA 94612	94-3163142	501(C)(3)	20,000	0		SUPPORTED DEVELOPMENT, TESTING AND TRANSLATION OF MATERIALS FOR NUTRITIONAL SUPPORTS AVAILABLE TO IMMIGRANT FAMILIES.
(16) PARTNERSHIP FOR AMERICA'S CHILDREN 1101 14TH STREET NW SUITE 60 WASHINGTON, DC 20005	47-2234949	501(C)(3)	50,000	0		TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES
(17) PENNSYLVANIA IMMIGRATION AND CITIZENSHIP COALITION 2100 ARCH STREET 4TH FLOOR PHILADELPHIA, PA 19103	83-0379943	501(C)(3)	60,000	0		SUPPORT IN COMBATING THE HARMFUL EFFECTS OF THE PUBLIC CHARGE RULE TO ENSURE IMMIGRANTS AND THEIR FAMILIES RECEIVE SUPPORT
(18) POWER COALITION FOR EQUITY & JUSTICE 735 N WATER STREET SUITE 550 MILWAUKEE,WI 53202	52-1759564	501(C)(3)	50,000	0		TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND

							EDUCATION STRATEGIES
(19) SHRIVER CENTER ON POVERTY LAW 67 E MADISON STREET SUITE 2000 CHICAGO,IL 60603	36-3151279	501(C)(3)	75,000	0			SUPPORT IN COMBATING THE HARMFUL EFFECTS OF THE PUBLIC CHARGE RULE TO ENSURE IMMIGRANTS AND THEIR FAMILIES RECEIVE SUPPORT
(20) URBAN INSTITUTE 500 LENFANT PLAZA SOUTHWEST WASHINGTON,DC 20024	52-0880375	501(C)(3)	21,028	0			SUPPORTED RESEARCH AND DEVELOPMENT OF MATERIALS ON PAID LEAVE
(21) VIRGINIA POVERTY LAW CENTER 919 E MAIN STREET SUITE 610 RICHMOND,VA 23219	54-1093402	501(C)(3)	20,000	0			MONITOR AND CAPTURE LESSONS FROM THE STATES UNWINDING FROM THE MEDICAID CONTINUOUS COVERAGE PROVISION.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  21							

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

Enter total number of other organizations listed in the line 1 table . . . \_ . . . . . . . .

Cat. No. 5005

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

(a) Type of grant or assistance

Page 2

(c) Amount of

cash grant

(b) Number of

recipients

(7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(d) Amount of

noncash assistance

(e) Method of valuation

(book, FMV, appraisal, other)

Return Reference Explanation

PART I, LINE 2: THE ORGANIZATION PROVIDES THE TERMS OF THE AGREEMENT TO THE GRANTEE, BASED ON THE FRAMEWORK FOR THE OVERALL PROJECT AGREED ON WITH THE FUNDER(S), PROGRAM STAFF HAVE REGULAR DISCUSSIONS WITH THE GRANTEE ABOUT THE PROGRESS OF THE PROJECT AS A WHOLE AS WELL AS THE PROGRESS OF AGREED-ON PRODUCTS AND SERVICES. THE GRANTEE PROVIDES CLASP WITH A NARRATIVE REPORT ON THE PROJECT AT AGREED-ON INTERVALS, WHICH MUST BE RECEIVED IN A TIMELY FASHION.

Schedule I (Form 990) 2021

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Schedule J

Internal Revenue Service

Name of the organization CENTER FOR LAW AND SOCIAL POLICY

Open to Public Inspection **Employer identification number** 

OMB No. 1545-0047

2021

No Yes

1b

2

			23-7000150
ā	rt I	<b>Questions Regarding Compensation</b>	
1		11 1 ( )	y of the following to or for a person listed on Form de any relevant information regarding these items.
		First-class or charter travel	Housing allowance or residence for personal use
		ravel for companions	Payments for business use of personal residence

**Compensation Information** 

Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 

Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.

If "Yes," on line 6a or 6b, describe in Part III.

8

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? . . . . .

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . . . . .

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

5a

4b

4c

Νo Νo

Yes

Νo

Νo

6a Νo Νo

Νo

7

8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021 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 are not listed on Form 990, Part VII.

instructions, on row (ii). Do not list any individuals that are not listed on <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal			Form 990, Part V	II, Section A, line	1a, applicable co	lumn (D) and (E	amounts for	that individual.
(A) Name and Title		( <b>B)</b> Breakdown o	of W-2, 1099-MIS and/or 1099-NEC	C compensation,	(C) Retirement and other	( <b>D</b> ) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
10LIVIA GOLDEN EXECUTIVE DIRECTOR	i)	223,166	0	0	0	29,013	252,179	0
(i	ii)	 0	<b></b>	<b></b>	<b></b>		0	<b></b> 0
2CORMEKKI WHITLEY	i)	190,520	0	0	0	35,180	225,700	0
TREASURER, COO							0	 0
3BARBARA SEMEDO DEPUTY DIR., COMMUNICATION	i)	172,058	0	0	0	26,279	198,337	0
(i	ii)	0			0	0	0	
4HANNAH MATTHEWS DEPUTY DIR., POLICY	i)	170,680	0	0	0	36,662	207,342	0
(i	ii)	0	0	0	0	0	0	0
SELIZABETH LOWER-BASCH PROGRAM DIRECTOR	i)	156,914	0	0	0	41,178	198,092	0
(i	ii)		<b></b>		<b></b>	0	0	<b></b> 0
6THOMAS SALYERS PROGRAM DIRECTOR	i)	146,095	0	0	0	17,476	163,571	0
(i	ii)	0			 0		0	 0
7AKOSUA AMOAKO-ATTA PROGRAM DIRECTOR	i)	143,070	0	0	0	42,052	185,122	0
(i	ii)							 0
			<u> </u>	, and the second	<u> </u>	Ŭ.		
	L						Schedule J (	Form 990) 2021

Schedule J (Form 990) 2021 Page 3 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. Return Reference Explanation

Schedule J (Form 990) 2021

OLIVIA GOLDEN RECEIVED \$14,879 FROM A 457(F) RETIREMENT PLAN.

PART I, LINE 4B



# **SCHEDULE 0**

(Form 990)

Department of the Treasury

Name of the organization

CENTER FOR LAW AND SOCIAL POLICY

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2021 Open to Public

Inspection

OMB No. 1545-0047

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

**Employer identification number** 23-7000150

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM IN CONSULTATION WITH THE ORGANIZATION'S MANAGEMENT. THE AUDIT COMMITTEE THOROUGHLY REVIEWED THE FORM 990 AND ADVISED MANAGEMENT IF THERE WERE ANY ISSUES THAT NEED TO BE ADDRESSED BEFORE FILING. A DRAFT OF FORM 990 WAS SENT TO EACH DIRECTOR FOR REVIEW. THE BOARD RECEIVED A FINAL COPY PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REVIEWS ITS CONFLICT OF INTEREST POLICY ANNUALLY. THE BOARD CHAIR AND EXECUTIVE DIRECTOR (ED) WITH THE BOARD, MONITOR POTENTIAL BOARD CONFLICTS. THE ED AND THE CHIEF OPERATING OFFICER REVIEW ANY CONCERNS WITH KEY STAFF AND THE CHIEF OPERATING OFFICER REVIEWS ANY CONCERNS WITH THE EXECUTIVE DIRECTOR. IF THE BOARD CHAIR/ED DETERMINE THAT A POTENTIAL CONFLICT OF INTEREST COULD AFFECT A CONTRACT OR TRANSACTION, THE BOARD GATHERS ALL MATERIAL FACTS AS TO THE RELATIONSHIP OR INTEREST AND AS TO THE CONTRACT OR TRANSACTION AND CAN, IN GOOD FAITH, AUTHORIZE THE CONTRACT OR TRANSACTION BY THE AFFIRMATIVE VOTES OF A MAJORITY OF THE DISINTERESTED DIRECTORS EVEN THOUGH THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM.
FORM 990, PART VI, SECTION B, LINE 15	BASED ON A COMPARABILITY CHART OF PEER ORGANIZATIONS AND A PROCESS FOR UPDATING SALARIES DEVELOPED BY AN EXTERNAL CONSULTANT IN 2014 AND AGAIN IN 2017, THE BOARD CHAIR REVIEWED THE EXECUTIVE DIRECTOR'S SALARY. THE FULL BOARD THEN REVIEWED AND APPROVED THE OVERALL COMPENSATION PLAN. THE MINUTES INCLUDE A REFERENCE TO THIS PROCESS. THE EXECUTIVE DIRECTOR'S COMPENSATION WAS SET IN REFERENCE TO EXTERNAL COMPARABILITY UPON THE ED'S HIRE IN 2013 AND HAS NOT BEEN INCREASED SINCE. IN NOVEMBER 2019, THE ED'S COMPENSATION WAS AGAIN REVIEWED TO COMPARE WITH SIMILAR ORGANIZATIONS AND WAS NOT INCREASED. IN JULY 2021, THE BOARD APPROVED A SALARY AND RETIREMENT CONTRIBUTION INCREASE FOR THE EXECUTIVE DIRECTOR BASED ON THE COMPARABILITY CHART OF PEER ORGANIZATIONS CONDUCTED IN NOVEMBER 2019.
FORM 990, PART VI, SECTION C, LINE 19	CLASP'S ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE DC CORPORATIONS DIVISION AND THE FINANCIAL STATEMENTS, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G	CONSULTING FEES: PROGRAM SERVICE EXPENSES 1,103,386. MANAGEMENT AND GENERAL EXPENSES 237,709. FUNDRAISING EXPENSES 58,250. TOTAL EXPENSES 1,399,345.
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.