

Form 990

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

<i></i>
Department of the Treasury
Internal Revenue Service

AF	or th	e 2022 calendar year, or tax year beginning and o	ending				
B c a	heck if pplicab	e: C Name of organization	D Employer identifie	cation number			
	Addre	e CENTER FOR LAW AND SOCIAL POLICY					
	Name change Doing business as			23-7000150			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final Final	/ 1310 L STREET, NW		(202) 90			
	terminated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	17,306,226.		
	Amen return	WASHINGTON, DC 20005		H(a) Is this a group re	eturn		
	Applie tion	F Name and address of principal officer: INDIVAR DOTTA-GOFTA	7	for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u>I</u> T	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions		
	Vebsi			H(c) Group exemptio			
		roganization: 🔀 Corporation 🔄 Trust 🔄 Association 🦳 Other	L Year	of formation: 1968 N	State of legal domicile: DC		
Pa	rt I	Summary					
•	1	Briefly describe the organization's mission or most significant activities:					
uce		(CLASP) IS A NATIONAL, NONPARTISAN, ANTI-	POVERI	Y NONPROFIT	ADVANCING		
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	18		
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			17		
es 5	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			65		
viti	6	Total number of volunteers (estimate if necessary)		6	20		
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		12,063,696.	17,255,680.		
enu	9	Program service revenue (Part VIII, line 2g)		17,765.	18,790.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,296.	28,713.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	3,043.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,084,757.	17,306,226.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	1,051,231.	476,000.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $.		5,679,541.	6,486,028.		
sue		Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		2 210 510		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,582,066.	3,218,518.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,312,838.	10,180,546.		
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		2,771,919. ginning of Current Year	7,125,680.		
ts or nces					End of Year		
t Assets d Balanc	20	Total assets (Part X, line 16)	······	<u>19,175,600.</u>	25,852,817.		
et A Ind 1		Total liabilities (Part X, line 26)	······	6,810,990. 12,364,610.	<u>6,324,014.</u> 19,528,803.		
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		12,304,010.	19,540,003.		
			and atotors	unto and to the bast of me	knowledge and helief it is		
Unde	er pena	lities of periury. I declare that I have examined this return, including accompanying schedules	s and stateme	mis, and to the pest of My	Knowledge and Dellet. It IS		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date
-	INDIVAR DUTTA-GUPTA, PRES	IDENT AND EXECUTIVE	DIRECT	OR
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	PAMELA GRAY			self-employed P01237506
Preparer	Firm's name SB & COMPANY			Firm's EIN 20-2153727
Use Only	Firm's address 10200 GRAND CENTR.	AL AVE, SUITE 250		
	OWINGS MILLS, MD	21117		Phone no. (410)584-0060
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) CENTER FOR LAW AND		23-7000150 F
Pa	rt III Statement of Program Service Accomplish	nments	
	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 POLIC		· · ·
	ANTI-POVERTY NONPROFIT ADVANCIN		
	OF PEOPLE WITH LOW INCOMES. WE		
	STRATEGIES FOR REDUCING POVERTY		
2	Did the organization undertake any significant program service	es during the year which were not listed on the	
	prior Form 990 or 990-EZ?		Yes 2
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant ch	anges in how it conducts, any program service	es?Yes 🛛
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments	s for each of its three largest program services,	, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to re	eport the amount of grants and allocations to c	others, the total expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,098,291. inclu	uding grants of \$ (F	levenue \$
	YOUTH :		
	CENTER FOR LAW AND SOCIAL POLIC	· · · · · · · · · · · · · · · · · · ·	· · · · · ·
	ANTI-POVERTY NONPROFIT ADVANCIN	G POLICY SOLUTIONS TO I	MPROVE THE LIVES
	OF PEOPLE WITH LOW INCOMES. WE	DEVELOP PRACTICAL, YET	VISIONARY
	STRATEGIES FOR REDUCING POVERTY	•	
	ADDRESSING INSTITUTIONAL AND RA	CIAL BARRIERS FACED BY	PEOPLE OF COLOR.
	WITH OVER 50 YEARS' EXPERIENCE	AT THE FEDERAL, STATE, .	AND LOCAL LEVELS
	WE'RE ADVANCING A BOLD VISION F	OR THE FUTURE ROOTED IN	ECONOMIC
	SECURITY AND RACIAL EQUITY		
4b	(Code:) (Expenses \$ 1,730,783. inclu	uding grants of \$ 151,000.) (F	
	POVERTY AND INCOME SUPPORT PROG		
	CENTER FOR LAW AND SOCIAL POLIC	Y (CLASP) IS A NATIONAL	, NONPARTISAN,
	ANTI-POVERTY NONPROFIT ADVANCIN		· · · · · · · · · · · · · · · · · · ·
	OF PEOPLE WITH LOW INCOMES. WE		
	STRATEGIES FOR REDUCING POVERTY	-	
	ADDRESSING INSTITUTIONAL AND RA	•	-
	WITH OVER 50 YEARS' EXPERIENCE		
	WE'RE ADVANCING A BOLD VISION F		
	SECURITY AND RACIAL EQUITY.	on the rotone nooted in	leonomie
4c	(Code:) (Expenses \$1,636,457. inclu	uding grants of \$ 262,500.) (F	Revenue \$ 18,79
	CHILD CARE AND EARLY EDUCATION	, ``	
	CENTER FOR LAW AND SOCIAL POLIC	Y (CLASP) IS A NATIONAL	, NONPARTISAN,
	ANTI-POVERTY NONPROFIT ADVANCIN		
	OF PEOPLE WITH LOW INCOMES. WE		
	STRATEGIES FOR REDUCING POVERTY	-	
	ADDRESSING INSTITUTIONAL AND RA		
	WITH OVER 50 YEARS' EXPERIENCE		
	WE'RE ADVANCING A BOLD VISION F	· · · · · · · · · · · · · · · · · · ·	
	SECURITY AND RACIAL EQUITY	OK THE FOTOKE ROOTED IN	LEGNOMIE
	SECONITI AND RACIAL EQUITI		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 2,451,201. including grants of \$	35,000.) (Revenue \$)
4e	Total program service expenses 7,916,7	/32.	
			Form 990
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		3	
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Form	990	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI		- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
232003	12-13-22	Form	990	(2022)

232003 12-13-22

4

Form	990	(2022)
	330	(2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05h		х
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
-1	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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		х
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		- 23
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00	~~	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 91			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
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5

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Form	990 (2022) CENTER FOR LAW AND SOCIAL POLICY	23-70003	150	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
			3a		Х
			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authori	ſ			
	financial account in a foreign country (such as a bank account, securities account, or other financial account		4a		х
h	If "Yes," enter the name of the foreign country	····			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	(FBAR)			
5a		. ,	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
			50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
0a			60		х
	any contributions that were not tax deductible as charitable contributions?		6a		<u></u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	giπs	C 1-		1
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services p	rovided to the payor?	7a		X
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ				37
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	:?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fil	e a Form 1098-C?	7h		
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?		8		
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				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	2	12a		
	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		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand				
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	1	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		-		
-	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incon	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		1
	If "Yes," complete Form 6069.		.,		
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Form 990	(2022)
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163

CENTER FOR LAW AND SOCIAL POLICY

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

23-7000150 Page 6

X

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

	tion A. Governing Body and Management					
			-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision				
				3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		·····	4		
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	·····	5		X
6	Did the organization have members or stockholders?		····· -	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?		····· -	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or				.
_	persons other than the governing body?		·····	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			-	37	
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?		······ -	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac			-		
~~	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		X
eC	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)			V	
~	Did the second at the base base base base base of the C		Г	40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		····· -	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		·····	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the to	rm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t		····· -	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Ye	,			х	
~	on Schedule O how this was done		Г	12c	X	
3	Did the organization have a written whistleblower policy?		F	13	X	
4	Did the organization have a written document retention and destruction policy?		·····	14	Λ	
5	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?			45 -	х	
a L	The organization's CEO, Executive Director, or top management official		ŀ	15a	X X	
b	Other officers or key employees of the organization		ŀ	15b	Δ	
6-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	opt with a				
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			16-		x
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		·····	16a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate	• •				
				16b		
ec	exempt status with respect to such arrangements?			100		
7	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE</u> (0				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and		$(c)(3)_{c}$	only	availat	ble
5	for public inspection. Indicate how you made these available. Check all that apply.		51(0)(0)5	Siny)	avanal	
		on Schedule O)				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	icy and	finan	ial	
9	statements available to the public during the tax year.	mot of interest por	ioy, and		2101	
9	Statements available to the public during the tax year.					
		ks and records				
	State the name, address, and telephone number of the person who possesses the organization's book	ks and records				
	State the name, address, and telephone number of the person who possesses the organization's book CENTER FOR LAW AND SOCIAL POLICY - (202) 906-8004	ks and records				
19 20	State the name, address, and telephone number of the person who possesses the organization's book	ks and records		Form	990	(202

Part VII	Co	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List all of the organization's current key employees, if any. See the instruction's for deminion of key employee.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		T	mzu			10011	oure	i í	,	(5)
(A)	(B)	1	(C) Positio			1		(D)	(E)	(F)
Name and title	Average		(do not check more than one			than o		Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Higher	Former			
(1) ELIZABETH LOWER-BASCH	40.00									
PROGRAM DIRECTOR						X		169,828.	0.	39,389.
(2) BARBARA SEMEDO	40.00									
DEPUTY DIR., POLICY						X		181,458.	0.	24,128.
(3) INDIVAR DUTTA-GUPTA	40.00									
PRESIDENT AND EXECUTIVE DIRECTOR		Х		Х				162,383.	0.	38,282.
(4) AKOSUA MEYERS	40.00									
PROGRAM DIRECTOR					Х			152,968.	0.	39,935.
(5) WENDY CERVENTAS	40.00									
PROGRAM DIRECTOR					Х			153,680.	Ο.	33,163.
(6) TOM SALYERS	40.00									
PROGRAM DIRECTOR					х			154,022.	Ο.	23,272.
(7) CORMEKKI WHITLEY	40.00									
CHIEF OPERATING OFFICER (8/12-7/22)				Х				145,213.	Ο.	17,345.
(8) DAVID HANSELL	1.00									
BOARD CHAIR (6/22 -PRESENT)		Х		Х				0.	Ο.	0.
(9) LAVEETA BATTLE	1.00									
BOARD CHAIR (01/2021-06/22)							Х	0.	Ο.	0.
(10) SHERECE WEST-SCANTLEBURY	1.00									
BOARD MEMBER		Х						0.	Ο.	0.
(11) CARISA STANLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JARRETT BARRIOS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JAMIRA BURLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MICHAEL CAMUNEZ	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) DONNA COOPER	1.00									
BOARD MEMBER		х						0.	0.	0.
(16) ANGELA DIAZ	1.00									
BOARD MEMBER		х						0.	0.	0.
(17) DAVID DODSON	1.00									
BOARD MEMBER		х						0.	0.	0.
020007 10 12 00			•	•				•		Form 990 (2022)

8

232007 12-13-22

	FOR LAW A	ND) S	oc	ΊA	L	PO	DLICY	23-7000	150 Page 8
Part VII Section A. Officers, Directors, Tru	istees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average				C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per		not cl	heck	more	than o		compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee	_	n pl oy	Highest compensated employee	يد ا	1033-1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highe	Former			5
(18) STEVEN DOW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) PETER EDELMAN	1.00							0	0	0
BOARD MEMBER (20) GENE NICHOL	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(21) DENEA JOSEPH	1.00									
BOARD MEMBER		x						0.	0.	0.
(22) SIMON LAZARUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(23) SUNIL MANSUKHANI	1.00									
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(24) EDWARD MONTGOMERY BOARD MEMBER	1.00	x						0.	0.	0.
(25) ANNIE BURNS	1.00	^						0.	0.	0.
BOARD VICE CHAIR (9/21-PRESENT)	1.00	x		х				0.	0.	0.
(26) JOHN M. BOUMAN	1.00									
SECRETARY		х		х				0.	Ο.	0.
1b Subtotal 1,119,552.							0.	215,514.		
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								1,119,552.	0.	215,514.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	7
compensation from the organization										Yes No
3 Did the organization list any former office	er, director, truste	ee, k	ev e	mol	ove	e. or	hia	hest compensated emp	lovee on	
line 1a? If "Yes," complete Schedule J for			,			·	0		,	3 X
4 For any individual listed on line 1a, is the										
and related organizations greater than \$1	50,000? If "Yes,	" со	mple	ete S	Sche	dule	e J fe	or such individual		4 X
5 Did any person listed on line 1a receive o	r accrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services	
rendered to the organization? If "Yes," co	mplete Schedule	e J fo	or su	ich i	oerse	on .				5 X
Section B. Independent Contractors Complete this table for your five highest of	omponented ind	long	ndor		ontro	oto	n th	at reacived more than ¢	100 000 of component	tion from
 Complete this table for your five highest of the organization. Report compensation for 	•	•							· ·	
(A)			- Tairi	<u>g</u> n				(B)		(C)
Name and busines	ss address							Description of s	ervices C	ompensation
MELISSA YOUNG , 2958 NOR	TH HARDI	NG	A	VE	NU	Е,				
CHICAGO, IL 60618							105,350.			
PRAXIS INSTITUTE, 3963 WEST BELMONT AVENUE								101 075		
413, CHICAGO, IL 60618							101,875.			
							1			
2 Total number of independent contractors		ot lin	nited	l to i	thos 2		ted	above) who received mo	ore than	
\$100,000 of compensation from the orga	nzaliun				2					

232008 12-13-22

			2022) CENTER FOR LA	AW AND SO	CIAL POLICY	Y	23-7000	150 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin		(2)	(2)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 51
s s	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
°,G		с	Fundraising events 1c					
ar /		d	Related organizations 1d					
imil		е	Government grants (contributions)					
er S		f	All other contributions, gifts, grants, and					
Othe			similar amounts not included above 1f	17,255,680.				
onti		-	Noncash contributions included in lines 1a-1f		17 255 690			
<u>o</u> ē		h	Total. Add lines 1a-1f	Business Code	17,255,680.			
	~	_	HONORARIUM	900099	18,790.	18,790.		
vice	2	a b			10,750.	10,750.		
Ser		c						
		d						
Program Service Revenue		е						
Pro		f	All other program service revenue					
		g	Total. Add lines 2a-2f		18,790.			
	3		Investment income (including dividends, inter	rest, and				
			other similar amounts)		28,713.			28,713
	4		Income from investment of tax-exempt bond	-				
	5		Royalties					
	~	_		(ii) Personal				
	6		Gross rents 6a Less: rental expenses 6b					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis		1			
ne			and sales expenses 7b					
venue		с	Gain or (loss) 7c					
Re			Net gain or (loss)	·····				
Other	8	а	Gross income from fundraising events (not					
õ			including \$ of					
			contributions reported on line 1c). See	_				
		h	Part IV, line 18					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
			Part IV, line 19 9	a				
		b	Less: direct expenses 9	b				
		С	Net income or (loss) from gaming activities	······				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold					
		С	Net income or (loss) from sales of inventory	Business Code				
sn	44	~						
neol	11	a b		-				
ellar ven		и С						
Miscellaneous Revenue			All other revenue		3,043.			3,043
Σ			Total. Add lines 11a-11d		3,043.			
_	12		Total revenue. See instructions		17,306,226.	18,790.	0.	31,756.
23200	9 12-	-13-						Form 990 (2022

CENTER FOR LAW AND SOCIAL POLICY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				,
	and domestic governments. See Part IV, line 21	476,000.	476,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	819,000.	676,803.	142,197.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,367,061.	3,608,838.	758,223.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	200,911.	165,711.	35,200.	
9	Other employee benefits	676,812.	558,232.	118,580.	
10	Payroll taxes	422,244.	348,815.	73,429.	
11	Fees for services (nonemployees):	,			
	Management				
	Legal	7,826.	4,503.	3,323.	
	Accounting	99,286.	57,128.	42,158.	
	Lobbying	25,045.	5771200	25,045.	
u	Professional fundraising services. See Part IV, line 17	2370130		2370131	
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch 0.)	1,587,529.	1,086,309.	501,220.	
10		1,307,323.	1,000,305.	501,220.	
12	Advertising and promotion	115,596.	45,943.	69,653.	
13	Office expenses	66,410.	38,211.	28,199.	
14	Information technology	00,410.	50,211.	20,199.	
15	Royalties	695,900.	545,977.	149,923.	
16		101,948.	65,428.	36,520.	
17	Travel	101,940.	05,420.	50,520.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	231,874.	133,417.	98,457.	
19 00	Conferences, conventions, and meetings	4,909.	4,048.	861.	
20	Interest	4,303.	4,040.	001.	
21	Payments to affiliates	74,009.	42,911.	31,098.	
22	Depreciation, depletion, and amortization	21,046.	17,390.	3,656.	
23		ZI,040.	11,39U.	5,050.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
я	SUBSCRIPTION AND PUBLIC	103,197.	9,353.	93,844.	
b	DUES AND REGISTRATIONS	26,301.	16,961.	9,340.	
- C	TEMPORARY HELP	13,493.	7,764.	5,729.	
d		_0,1000	.,		
	All other expenses	44,149.	6,990.	37,159.	
25	Total functional expenses. Add lines 1 through 24e	10,180,546.	7,916,732.	2,263,814.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_0/100/0400	,,,,,,,,,,,,,,,		0.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022)

232010 12-13-22

Part X Balance Sheet

CENTER FOR LAW AND SOCIAL POLICY

23-7000150 Page 11

		Check if Schedule O contains a response or no	te to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,589,214.	1	4,207,521.
	2	Savings and temporary cash investments			4,298,125.	2	4,325,436.
	3	Pledges and grants receivable, net		2,951,100.	3	1,430,000.	
	4	Accounts receivable, net		27,739.	4	145,950.	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			221,729.	9	195,238.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	385,532.			
	b		10b	214,726.	195,089.	10c	170,806.
	11	Investments - publicly traded securities			2,841.	11	10,040,156.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,889,763.	15	5,337,710.
	16	Total assets. Add lines 1 through 15 (must equ			19,175,600.	16	25,852,817.
	17	Accounts payable and accrued expenses			666,959.	17	601,523.
	18	Grants payable		18			
	19	Deferred revenue			7,000.	19	
	20	—				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
Ś	22	Loans and other payables to any current or forr	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	se perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			6,137,031.	25	5,722,491.
	26	Total liabilities. Add lines 17 through 25			6,810,990.	26	6,324,014.
		Organizations that follow FASB ASC 958, cho	eck here	e X			
sec		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,651,783. 9,712,827.	27	13,420,390.
Ba	28	Net assets with donor restrictions			9,712,827.	28	6,108,413.
pu		Organizations that do not follow FASB ASC 9	ck here				
л Ц		and complete lines 29 through 33.					
s O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmer	it fund		30	
As	31	Retained earnings, endowment, accumulated in	ncome, c	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,364,610.	32	19,528,803.
	33	Total liabilities and net assets/fund balances			19,175,600.	33	25,852,817.

	990 (2022) CENTER FOR LAW AND SOCIAL POLICY	23-7	0001	L50	Pag	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,306</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,180	-		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,12</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	<u>,364</u>			
5	Net unrealized gains (losses) on investments	5		38	3,5:	13.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	19	<u>,528</u>	8,8	03.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			·····			
			ſ		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		ļ	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u> </u>	3b	000	(2022)	
				E a rma	MMI I	$(\Omega \cap \Omega \cap \Omega)$	

(Form 990)

Total

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.

OMB No. 1545-0047	
2022	
Open to Public	

	ent of the Treasury Revenue Service			ttach to Form 990 or Fo					Open to Public Inspection
	of the organiz	ration	Go to www.irs.gov/	Form990 for instructior	is and the	e latest ini	ormation.	Employo	r identification numbe
Name						v			3-7000150
Part	I Reaso			AND SOCIAL I (All organizations must c					3-7000130
								15.	
	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2									
3 [<u> </u>		1 0						41 I
4 _	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
	city, and state:								
5 🗌	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
• 「									
6 [· -	-	nental unit described in					
7				ntial part of its support fr	om a gove	ernmental	unit or from t	he general j	Sublic described in
• [70(b)(1)(A)(vi). (C							
8 [•		(1)(A)(vi). (Complete Par					
9 🗌				in section 170(b)(1)(A)(
		-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college) or
10	university			then 00 1 /00/ of its summ	a				
10 🗌				than 33 1/3% of its supp					
				t to certain exceptions; a					
		on 509(a)(2). (Co		(less section 511 tax) fro	in pusitie:	sses acqui	red by the or	Janization a	inter June 30, 1975.
11 🗌			• •	ively to test for public est	intry Soo	contion E	$\Omega(\alpha)(A)$		
12		-	-	ively to test for public sat ively for the benefit of, to	•			rn out the	purpass of and ar
				ed in section 509(a)(1) o					
	•		•	f supporting organization					
а		-		upervised, or controlled		-		-	aivina
a				gularly appoint or elect a	•				
	-	-	complete Part IV, Se		majority t				ipporting
b	·		-	l or controlled in connect	ion with it	s sunnorte	ad organizatio	n(s) hy hay	lina
				anization vested in the sa			-		-
		0	st complete Part IV,					ge the supp	
с				g organization operated	in connec	tion with	and functiona	llv integrate	ed with
· ·		-	•). You must complete I				ny mograte	ia mai,
d	<u> </u>	0	()(porting organization oper		,	,	rted organi:	zation(s)
				zation generally must sat				-	
				nplete Part IV, Sections					
е	·			written determination fro				II. Type III	
		•		nally integrated supporti			JI , JI	, ,,	
fl		per of supported	orgonizationa	, , , , , , , , , , , , , , , , , , , ,					
gl	Provide the foll	owing informatio	n about the supporte						-
	(i) Name of s		(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	organiza	ition		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions

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Schedule	A (Form 990) 2022
Part II	Support Sche

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8867178.	11051557.	836,922.	12063696.	<u>14304255.</u>	47123608.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0067170	11051557	0.000	12062606	14204255	47102000
	Total. Add lines 1 through 3	886/1/8.	11051557.	836,922.	12063696.	14304255.	47123608.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						10220542
_	column (f)						19329542.
	Public support. Subtract line 5 from line 4.						27794066.
		(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018	(b)2019 11051557.	(c) 2020	(d) 2021 12063696.	(e) 2022	(f) Total
	Amounts from line 4	0007170.	11031337.	030,922.	12003090.	14304233.	471230000
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	11,608.	19,682.	6,375.	3,296.	67,226.	108,187.
•	and income from similar sources	11,000.	19,002.	0,575.	5,250.	07,220.	100,107.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	5,763.	38,078.	5,240.		3 043.	52,124.
44	Total support. Add lines 7 through 10	5,705.	50,010.	5,240.		5,045.	47283919.
	Gross receipts from related activities,	etc. (see instruction				12	1/203919.
	First 5 years. If the Form 990 is for the		,	fourth or fifth tax y			
15	organization, check this box and sto						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	58.78 %
	Public support percentage from 2021						49.13 %
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						77
b	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
_	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-		5	
b	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th	-					
	organization meets the facts-and-circi						
18	Private foundation. If the organization		•				
							(Form 990) 2022

Sec	qualify under the tests listed b	elow, please comp	olete Part II.)				
		(a) 2018	(b) 2010	(a) 2020	(4) 0001	(a) 2002	
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and					1	
	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					1	
	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6		(6) 2013	(0) 2020			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
	tion C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	IT UIU HOT CHECK A	box on line 14, 19	a, or 190, check t	nis box and see ins		[
23202	3 12-09-22		16			Schedule /	י נרטווו ששט) 2022

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

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

23-7000150 Page 3

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Schedule A (Form 990) 2022

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1

2

3a

3b

3c

4a

Yes No

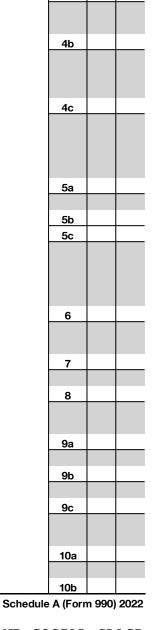
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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17

Schedule A (Form 990) 2022 CENTER FOR LAW AND SOCIAL POLICY Part IV Supporting Organizations (continued)

Yes No

Yes No

1

1 4			
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		
Sec	tion C. Type II Supporting Organizations		

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D.	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mu		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	nization (see

CENTER FOR LAW AND SOCIAL POLICY

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Schedule A (Form 990) 2022

CENTER FOR LAW AND SOCIAL POLICY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CENTER							23-7000150 Page 8
Part VI	line 1; Part IV, Section A, line Section D, lines 5, 6, a	es 1, 2, 3b, 3c, 4b, D, lines 2 and 3; I	4c, 5a, 6 Part IV, S	, 9a, 9b, ection E,	9c, 11a lines 1	a, 11b, and Ic, 2a, 2b, 3	111C; Pa 3a, and 3	art IV, Section 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.
	(See instructions.)								
232028 12-09-2	2				2.	1			Schedule A (Form 990) 202

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2022

Employer identification number

	CENTER FOR LAW AND SOCIAL POLICY	23-7000150
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ion is covered by the General Rule or a Special Rule .	
Note: Unly a section 50	11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule). See instructions.
General Rule		

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

16391117 138138 CLASP

CENTER FOR LAW AND SOCIAL POLICY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$613,750.	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 			Person X Payroll Noncash Complete Part II for
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>3</u> 			Person X Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person X Payroll Noncash Complete Part II for
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>			Person X Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ 600,000.	Person X Payroll Noncash

Employer identification number

23-7000150

Name of organization

CENTER FOR LAW AND SOCIAL POLICY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

16391117 138138 CLASP

Employer identification number

23-7000150

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15-22		\$	 Schedule B (Form 990) (2022)

25

CENTER FOR LAW AND SOCIAL POLICY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Employer identification number

23-7000150

Page 3

16391117 138138 CLASP

2022.05000 CENTER FOR LAW AND SOCIAL CLASP_1

Schedule	B (Form 990) (2022)			Page 4		
Name of o	organization			Employer identification number		
CENTE	R FOR LAW AND SOCIAL POI	LTCY		23-7000150		
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se		, or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Ent	er this info. once.) \$		
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	<u> </u>			
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gif	t			
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee		
				•		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	(-)	(-, 3		(-)		
		e) Transfer of gif	l			
			•			
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			<u> </u>			
		(e) Transfer of gif	t			
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee		
				•		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
		e) Transfer of gif	l			
			•			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
223454 11-15	5-22			Schedule B (Form 990) (2022)		

26 2022.05000 CENTER FOR LAW AND SOCIAL CLASP_1

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Income	Tax Under section 5	-	97	2022
	-	if the organization is described to				
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for in				Open to Public Inspection
-		Form 990, Part IV, line 3, or For		e 46 (Political Camp	baign Ac	tivities), then
.,.,		plete Parts I-A and B. Do not com	•			
		11(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Par	t I-B.	
Section 527 organization	•	•		• • • • • • • • • • • • • • • • • • •		h
		Form 990, Part IV, line 4, or For nave filed Form 5768 (election und				
.,.,		nave NOT filed Form 5768 (election	·	•	•	
	•	Form 990, Part IV, line 5 (Proxy	. ,			•
Tax) (See separate inst				,		
	, or (6) organizat	ions: Complete Part III.				
Name of organization					Employ	ver identification number
		FOR LAW AND SOCIA				23-7000150
Part I-A Comple	ete if the org	anization is exempt under	r section 501(c) o	or is a section 5	27 orga	anization.
		ation's direct and indirect political				
2 Political campaign	, ,				\$_	
3 Volunteer hours for	political campai	gn activities			···· <u> </u>	
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(3	8).		
-		incurred by the organization under			\$	
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction m		·				
b If "Yes," describe ir	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt under	r section 501(c), o	except section a	501(c)(3).
1 Enter the amount d	irectly expended	l by the filing organization for secti	ion 527 exempt function	on activities	\$ _	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for see	ction 527		
exempt function ac					\$_	
-	-	. Add lines 1 and 2. Enter here and				
		• • • • • • • • • • • • • • • • • • • •				
		ployer identification number (EIN) tion listed, enter the amount paid t		-		
		omptly and directly delivered to a s				
		additional space is needed, provid				
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	on's o	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
					-+	
					-+	
			1			
					$\neg \uparrow$	
For Doportwork Paduat	ion Act Nation	see the Instructions for Form 99	0 or 990_E7		6-	hedule C (Earm 990) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 Part II-A Complete if the org	CENTER	FOR I	LAW AND SOCI	AL POLICY	23-7 ad Form 5768 (ele	000150 Page 2
section 501(h)).						
A Check if the filing organization	tion belongs t	to an affil	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	e of excess lo	obbying e	xpenditures).			
B Check if the filing organization	tion checked	box A an	d "limited control" pro	visions apply.	1	
	ts on Lobbyiı litures" mea	•	ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public (opinion (c	rassroots lobbying)			
b Total lobbying expenditures to influ	•		, ,		25,045.	
c Total lobbying expenditures (add lin					25,045.	
d Other exempt purpose expenditure					10,155,501.	
e Total exempt purpose expenditures					10,180,546.	
f_Lobbying nontaxable amount. Ente	er the amount	from the			659,027.	
If the amount on line 1e, column (a) o			oying nontaxable amo			
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000),000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of lin	e1f)			164,757.	
h Subtract line 1g from line 1a. If zero	o or less, ente	er-0			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer	ro on either lir	ne 1h or l	ne 1i, did the organiza	tion file Form 4720	-	
reporting section 4911 tax for this						Yes No
(Some organizations th	nat made a s	ection 50	raging Period Under 01(h) election do not h 1te instructions for lin	nave to complete all	of the five columns be	elow.
	Lobbyir	ng Exper	ditures During 4-Yea	r Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 201	19	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	636,	986.	582,489.	615,642.	659,027.	2,494,144.
b Lobbying ceiling amount (150% of line 2a, column(e))						3,741,216.
c Total lobbying expenditures	98,	387.	69,787.	76,142.	25,045.	269,361.
d Grassroots nontaxable amount	159,	247.	145,622.	153,910.	164,757.	623,536.
e Grassroots ceiling amount (150% of line 2d, column (e))						935,304.
f Grassroots lobbying expenditures		978.	1,056.			2,034.

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(k)
of the lobbying activity.	Yes	No	Amo	ount
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the			1:00	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
expenses for which the section 527(f) tax was paid).				
a Current year		. 2a		
b Carryover from last year		2b		
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information Provide the descriptions required for Part LA, line 1: Part LB, line 4: Part LC, line 5: Part ILA (affiliated group)		llas d		

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.

Schedule C (Form 990) 2022

232043 11-08-22

SCHEDULE D	Supplemental Financial Statements
(Form 990)	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
Department of the Treasury	Attach to Form 990.
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047 4 l **Open to Public**

Part I

c, 11d, 11e, 11f, 12a, or 12b. 1990. ons and the latest information.

Inspection Employer identification number 23 - 7000150

Name	of the	organization
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CENTER FOR LAW AND SOCIAL POLICY

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in	uriting that the casets hold in depart advis	ad funda
5			
6	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
а			
h			
с С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a	.,	
u	historic structure listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rel		
Ũ	year	cased, extinguished, or terminated by the	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-	3 , 1 , 3 ,	5	5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 📃 No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	irtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			-
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 202
232051	1 09-01-22	20	
		30	

	3	0			
~	~		~	-	

Sche		FOR LAW AND						23-70			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, or	Other	r Similaı	r Assets	contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the	following that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ւ 🛄 հ	oan or exc	change progra	m					
b	Scholarly research	e		ther							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	how the	y further t	he organizatio	n's exen	npt purpo:	se in Part	XIII.		
5	During the year, did the organization solicit of		,		,	r similar	assets		_		-
	to be sold to raise funds rather than to be m		<u>u</u>						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	on answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tai	ble:					Amount		
	2 · · · · ·								Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •				
Par											
		(a) Current year		ior year	(c) Two years		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									-	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administere	ed for th	е		r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fui	nds.							
T ai	Complete if the organization answere) Dart IV	line 11a 9	See Form 990	Dart V	line 10				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	a	(d) Bool	(value	9
1a	Land										
b	Buildings										
с	Leasehold improvements			10)1,517.		19,52	28.	81	L,98	89.
d	Equipment										
-	Other				34,015.		195,19			<u>3,8</u> :	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columr	<u>n (B), line 1</u>	10c.)				17(),8(16.

Schedule D (Form 990) 2022

232052 09-01-22

(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-vear market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990. Part IV, line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
DEDOGTEG			49,466.
<u></u>			5,288,244.
(2) RIGHT OF USE ASSETS			5,200,244.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		5,337,710.
Complete if the organization answered "Yes'	' on Form 990. Part IV. line	11e or 11f. See Form 990. Part X, line 29	5.
1. (a) Description of liability	,,,,, ,	······································	(b) Book value
(1) Federal income taxes			(-)
			5,722,491.
			5,722,451.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)		5,722,491.
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements	that reports the
organization's liability for uncertain tax positions unde	r FASB ASC 740 Check bu	are if the text of the footnote has been n	rovided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

16391117 138138 CLASP

(a) Description of security or category (including name of security)

Part VII Investments - Other Securities.

Schedule D (Form 990) 2022

(1) Financial derivatives

CENTER FOR LAW AND SOCIAL POLICY

(b) Book value

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(c) Method of valuation: Cost or end-of-year market value

	edule D (Form 990) 2022 CENTER FOR LAW AND SOCIAL				7000150 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	17,344,739.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	38,513.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	38,513.
3	Subtract line 2e from line 1			3	17,306,226.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	17,306,226.
<u> </u>	Total revenue. Add lines 3 and 4c. (This must edual Form 990. Part I. line 12.)				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per I		n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l		
	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per l	Retur	n.
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per l	Retur	n.
1 2	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per l	Retur	n.
1 2	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	Expenses per l	Retur	n.
1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With . 2a . 2b . 2c .	Expenses per l	Retur	n.
1 2 a b c	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per I	Retur	n. <u>10,180,546.</u> 0.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With	Expenses per I	Retur	n.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With	Expenses per I	1 2e	n. <u>10,180,546.</u> 0.
1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With	Expenses per I	1 2e	n. <u>10,180,546.</u> 0.
1 2 3 4	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2b 2c 2d 4a	Expenses per I	1 2e	n. <u>10,180,546.</u> 0.
1 2 3 4 3 4	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per I	1 2e	n. <u>10,180,546.</u> 0. <u>10,180,546.</u> 0.
1 2 d e 3 4 b c 5	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per F	Retur	n. <u>10,180,546.</u> 0.

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

PART X, LINE 2:

CLASP IS EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAXES OTHER THAN NET

UNRELATED BUSINESS INCOME BY THE INTERNAL REVENUE SERVICE UNDER THE

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

Schedule D (Form 990) 2022

16391117 138138 CLASP

232054 09-01-22

33

2022.05000 CENTER FOR LAW AND SOCIAL CLASP_1

Schedule D (Form 990) 2022 CENTER FOR LAW AND SOCIAL POLICY 23-7000150 Page 9 Part XIII Supplemental Information (continued)
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 UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX
EXPENSE.
Schedule D (Form 990) 202
232055 09-01-22 3 A

34 2022.05000 CENTER FOR LAW AND SOCIAL CLASP_1

16391117 138138 CLASP

SCHEDULE I (Form 990)		Grants and Oth overnments, ar					OMB No. 1545-0047
		lete if the organizatio					2022
Department of the Treasury			Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization CENTER FO	R LAW AND	SOCIAL POL	ICY				Employer identification number 23-7000150
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							PROVIDE SUPPORT TO THE
CHILDREN AT RISK							CHILDREN THRIVE ACTION
56 E WILLOW ST							NETWORKS STATE ADVOCACY
CARLISLE , PA 17013	76-0360533	501(C)(3)	30,000.	0.			GROUP
							SUPPORT IN COMBATING THE
EVERY TEXAN							HARMFUL EFFECTS OF THE
7020 EASY WIND DRIVE SUITE 200							PUBLIC CHARGE RULE TO
AUSTIN, TX 78752	74-2898197	501(C)(3)	100,000.	0.			ENSURE IMMIGRANTS AND
							TO WORK COLLABORATIVELY
FAMILY FORWARD OREGON							WITH CLASP TO RECOMMEND
P.O. BOX 15146							ADVOCACY AND EDUCATION
PORTLAND, OR 97293	80-0436735	501(C)(3)	12,500.	0.			STRATEGIES
							TO WORK COLLABORATIVELY
MAKE THE ROAD NEVADA							WITH CLASP TO RECOMMEND
4250 E BONANZA RD STE 14							ADVOCACY AND EDUCATION
LAS VEGAS, NV 89110	84-3988830	501(C)(3)	25,000.	0.			STRATEGIES
							TO WORK COLLABORATIVELY
NATIONAL DOMESTIC WORKERS ALLIANCE							WITH CLASP TO RECOMMEND
45 BROADWAY, SUITE 320							ADVOCACY AND EDUCATION
NEW YORK, NY 10006	35-2420942	501(C)(3)	12,500.	0.			STRATEGIES
							TO WORK COLLABORATIVELY
NATIONAL WOMEN'S LAW CENTER							WITH CLASP TO RECOMMEND
11 DUPONT CIRCLE SUTIE 800							ADVOCACY AND EDUCATION
WASHINGTON, DC 20036	52-1213010	501(C)(3)	212,500.	0.			STRATEGIES
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in the	e line 1 table				9.
3 Enter total number of other organization	s listed in the line	1 table					0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

CENTER FOR LAW AND SOCIAL POLICY

			vernmente (Scho	dulo I (Form 990) Ba		23-7000150 Pag
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
85-0348301	501(C)(3)	12,500.	0.			TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES
52-1759564	501(C)(3)	12 500.	0.			TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES
27-2451077			0.			TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES
	Assistance to Do (b) EIN 85-0348301 52-1759564	Assistance to Domestic Organizations (b) EIN (c) IRC section if applicable 85-0348301 501(C)(3) 52-1759564 501(C)(3)	Assistance to Domestic Organizations and Domestic Go (b) EIN (c) IRC section if applicable (d) Amount of cash grant 85-0348301 501(C)(3) 12,500. 52-1759564 501(C)(3) 12,500.	Assistance to Domestic Organizations and Domestic Governments (Scher (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 85-0348301 501(C)(3) 12,500. 0. 52-1759564 501(C)(3) 12,500. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 85-0348301 501(C)(3) 12,500. 0. 52-1759564 501(C)(3) 12,500. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 85-0348301 501(C)(3) 12,500. 0.

Schedule I (Form 990)

Schedule I (Form 990) 2022

23-7000150

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.				
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) CENTER F Part IV Supplemental Information	OR LAW AN	ID SOCIA	L POLICY	23-	7000150 Page 2
NAME OF ORGANIZATION OR GOV	ERNMENT:	EVERY T	EXAN		
(H) PURPOSE OF GRANT OR ASS	ISTANCE:	SUPPORT	IN COMBATIN	IG THE HAR	MFUL
EFFECTS OF THE PUBLIC CHARG	E RULE TO	ENSURE	IMMIGRANTS	AND THEIR	FAMILIES
RECEIVE SUPPORT					
232291 04-01-22					Schedule I (Form 990)

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	,
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		•
Depa	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization			identificatio		nber
		CENTER FOR LAW AND SOCIAL POLICY	23-1	700015	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i	nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
-	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
~	la dia da subista da 16 an					
3	,	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	ocommittee Written employment contract ompensation consultant X Compensation survey or study				
	X Form 990 of o		ommittoo			
			ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?			Х	
	-	size any most from an any ity based as more still a sum and the				x
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	·····,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a c	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2022

232111 10-18-22

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ELIZABETH LOWER-BASCH	(i)	169,828.	0.	0.	0.	39,389.	209,217.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BARBARA SEMEDO	(i)	181,458.	0.	0.	0.	24,128.	205,586.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) INDIVAR DUTTA-GUPTA	(i)	162,383.	0.	0.	0.	38,282.	200,665.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	152,968.	0.	0.	0.	39,935.	192,903.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) WENDY CERVENTAS	(i)	153,680.	0.	0.	0.	33,163.	186,843.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) TOM SALYERS	(i)	154,022.	0.	0.	0.	23,272.	177,294.	0.	
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) CORMEKKI WHITLEY	(i)	145,213.	0.	0.	0.	17,345.	162,558.	0.	
CHIEF OPERATING OFFICER (8/12-7/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 4B:

AKOSUA MEYERS RECEIVED A \$6,000 BONUS. EACH STAFF PERSON RECEIVED A 4

PERCENT CONTRIBUTION TO THEIR 430B, AND MEDICAL, DENTAL, VISION, SHORT TERM

AND LONG-TERM DISABILITY BENEFITS

Schedule J (Form 990) 2022

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



CENTER FOR LAW AND SOCIAL POLICY

Employer identification number 23-7000150

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POLICY SOLUTIONS TO IMPROVE THE LIVES OF PEOPLE WITH LOW INCOMES. WE

DEVELOP PRACTICAL YET VISIONARY STRATEGIES FOR REDUCING POVERTY,

PROMOTING ECONOMIC OPPORTUNITY, AND ADDRESSING INSTITUTIONAL AND RACIAL

BARRIERS FACED BY PEOPLE OF COLOR. WITH OVER 50 YEARS' EXPERIENCE AT

THE FEDERAL, STATE, AND LOCAL LEVELS, WE'RE ADVANCING A BOLD VISION FOR

THE FUTURE ROOTED IN ECONOMIC SECURITY AND RACIAL EQUITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOPLE OF COLOR.

WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL LEVELS,

WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC

SECURITY AND RACIAL EQUITY.

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

EDUCATION, LABOR AND WORKER JUSTICE

CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NONPARTISAN,

ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE LIVES

OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VISIONARY

STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORTUNITY, AND

ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOPLE OF COLOR.

WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL LEVELS,

WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC

SECURITY AND RACIAL EQUITY

EXPENSES \$ 1,434,037. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

42

Name of the organization CENTER FOR LAW AND SOCIAL POLICY	Employer identification number 23-7000150
IMMIGRATION	
CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NO	ONPARTISAN,
ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPRO	OVE THE LIVES
OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VIS	IONARY
STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPOR	TUNITY, AND
ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOD	PLE OF COLOR.
WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND	LOCAL LEVELS,
WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECO	DNOMIC
SECURITY AND RACIAL EQUITY	
EXPENSES \$ 1,017,164. INCLUDING GRANTS OF \$ 35,000. REV	/ENUE \$ 0.

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 REVIEWS 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 20212 10-28-22 43

16391117 138138 CLASP

43

2022.05000 CENTER FOR LAW AND SOCIAL CLASP__1

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
CENTER FOR LAW AND SOCIAL POLICY	23-7000150
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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: 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

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.

44

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

232212 10-28-22

1,086,309.

Schedule O (Form 990) 2022 Name of the organization CENTER FOR LAW AND SOCIAL POLICY	Page 2 Employer identification number 23-7000150
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,587,529.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,587,529.
232212 10-28-22 4 5	Schedule O (Form 990) 2022

16391117 138138 CLASP

2022.05000 CENTER FOR LAW AND SOCIAL CLASP__1

Form 990

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

<i></i>
Department of the Treasury
Internal Revenue Service

AF	or th	e 2022 calendar year, or tax year beginning and o	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	e CENTER FOR LAW AND SOCIAL POLICY			
	Name Chang	e Doing business as		23-70001	50
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final Final	/ 1310 L STREET, NW		(202) 90	
	terminated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	17,306,226.
	Amen return	WASHINGTON, DC 20005		H(a) Is this a group re	eturn
	Applie tion	F Name and address of principal officer: INDIVAR DOTTA-GOFTA	7	for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemptio	
		rorganization: 🔀 Corporation 🔄 Trust 🔄 Association 🦳 Other	L Year	of formation: 1968 N	State of legal domicile: DC
Pa	rt I	Summary			
•	1	Briefly describe the organization's mission or most significant activities:			
uce		(CLASP) IS A NATIONAL, NONPARTISAN, ANTI-	POVERI	Y NONPROFIT	ADVANCING
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
ڻ ح	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
es 5	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			65
viti	6	Total number of volunteers (estimate if necessary)		6	20
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		12,063,696.	17,255,680.
enu	9	Program service revenue (Part VIII, line 2g)		17,765.	18,790.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,296.	28,713.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	3,043.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,084,757.	17,306,226.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	1,051,231.	476,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $.		5,679,541.	6,486,028.
sue		Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		2 210 510
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,582,066.	3,218,518.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,312,838.	10,180,546.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		2,771,919. ginning of Current Year	7,125,680.
ts or nces					End of Year
t Assets d Balanc	20	Total assets (Part X, line 16)	······	<u>19,175,600.</u>	25,852,817.
et A Ind 1		Total liabilities (Part X, line 26)	······	6,810,990. 12,364,610.	<u>6,324,014.</u> 19,528,803.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		12,304,010.	19,540,003.
			and atotors	unto and to the bast of me	knowledge and helief it is
Unde	er pena	lities of periury. I declare that I have examined this return, including accompanying schedules	s and stateme	mis, and to the pest of My	Knowledge and Dellet. It IS

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date				
-	INDIVAR DUTTA-GUPTA, PRES	IDENT AND EXECUTIVE	DIRECT	OR				
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	PAMELA GRAY			self-employed P01237506				
Preparer	Firm's name SB & COMPANY			Firm's EIN 20-2153727				
Use Only	Firm's address 10200 GRAND CENTR.	AL AVE, SUITE 250						
	OWINGS MILLS, MD	21117		Phone no. (410)584-0060				
May the II	Aay the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) CENTER FOR LAW AND SOCIAL POLICY	23-7000150	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,		
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMP		/ES
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL YET VIS		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPO	RTUNITY, ANI)
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as $2 - \frac{1}{2} + \frac{1}{2} +$		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$2,098,291. including grants of \$27,500.) (Revenue)		<u>`</u>
4a	(Code:) (Expenses \$2,098,291. including grants of \$27,500.) (Reve	nue \$)
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,	NONPARTISAN	
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMP		
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VI		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPO)
	ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PE		
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AN		
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN E		
	SECURITY AND RACIAL EQUITY		
4b	(Code:) (Expenses \$1,730,783. including grants of \$151,000.) (Reve	nue \$)
	POVERTY AND INCOME SUPPORT PROGRAMS:		
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,		
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMP		/ES
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VI		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPO		
	ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PE		
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AN WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN E		<u>, сп</u>
	SECURITY AND RACIAL EQUITY.	CONOMIC	
4c	(Code:) (Expenses \$ 1,636,457. including grants of \$ 262,500.) (Reve	nue \$ 18	,790.)
	CHILD CARE AND EARLY EDUCATION		, ,
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,	NONPARTISAN	,
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMP	ROVE THE LIV	/ES
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VI	SIONARY	
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPO	<u>)RTUNITY, ANI</u>)
	ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PE	OPLE OF COLO	DR.
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AN	ID LOCAL LEVE	ELS,
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN E	CONOMIC	
	SECURITY AND RACIAL EQUITY		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 2,451,201. including grants of \$ 35,000.) (Revenue \$)	
4e	Total program service expenses7,916,732.		000
		Form	990 (2022)
232002	2 12-13-22		

-	~ ~ ~	(0000)
Form	990	(2022)

Part IV Checklist of Required Schedules

CENTER FOR LAW AND SOCIAL POLICY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
9	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 negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
232003	3 12-13-22	Form	990 ((2022)

232003 12-13-22

Form	990	(2022)
1 01111	000	

			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23	Х							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a 24b		X						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?	24c								
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>						
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	25a		X						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v						
~~	Schedule L, Part I	25b		<u> </u>						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x						
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26								
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x						
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 23						
20	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>									
a	"Yes," complete Schedule L, Part IV	28a		x						
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X						
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200								
•	"Yes," complete Schedule L, Part IV	28c		x						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	contributions? If "Yes," complete Schedule M	30		x						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete									
	Schedule N, Part II	32		x						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations									
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34		X						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X						
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," complete Schedule R, Part V, line 2	36		X						
37										
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?									
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х							
ra	rt V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>								
			Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 91	-								
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	x							

232004 12-13-22

Form	990 (2022) CENTER FOR LAW AND SOCIAL POLICY 23-7000	150	Р	_{age} 5						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 65									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	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 account)?	4a		x						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such 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		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	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									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	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								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand			37						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	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?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

232005 12-13-22

Form	990 (2022) CENTER FOR LAW AND SOCIAL POLICY	23-700		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough 7b below, and for	a "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				-
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 18	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent		4		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		_		v
	more members of the governing body?		7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste		71.		x
•	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	vonuo Codo I			
		Venue Coue.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?	apters, affiliates,	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body	apters, affiliates, before filing the form?	10b	X	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990.	apters, affiliates, before filing the form?	10b 11a	X	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	apters, affiliates, before filing the form? to conflicts?	10b 11a 12a	X	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts?	10b 11a 12a	X X X X X	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>	apters, affiliates, before filing the form? to conflicts? <i>ies,</i> " <i>describe</i>	10b 11a 12a 12b	X X X X X	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	apters, affiliates, before filing the form? to conflicts? ies, " describe	10b 11a 12a 12b 12c	X X X X X	
b 11a b 12a b c 13	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	apters, affiliates, before filing the form? to conflicts? ies, " describe	10b 11a 12a 12b 12c 13	X X X X X	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?	apters, affiliates, before filing the form? to conflicts? ies, " describe by independent	10b 11a 12a 12b 12c 13 14	x x x x x x x	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?	apters, affiliates, before filing the form? to conflicts? ies, " describe by independent	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?	apters, affiliates, before filing the form? to conflicts? es, " <i>describe</i> by independent	10b 11a 12a 12b 12c 13 14	x x x x x x x	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? <i>ies</i> , " <i>describe</i> by independent	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such char and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	apters, affiliates, before filing the form? to conflicts? ies, " <i>describe</i> by independent nent with a	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such char and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? es, " <i>describe</i> by independent nent with a	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such char and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization 's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	apters, affiliates, before filing the form? to conflicts? ies, " <i>describe</i> by independent hent with a e its participation	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such charan branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? <i>ies,</i> " <i>describe</i> by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? <i>ies,</i> " <i>describe</i> by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a b 5 <u>Sec</u>	If "Yes," did the organization have written policies and procedures governing the activities of such char and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure	apters, affiliates, before filing the form? to conflicts? <i>ies,</i> " <i>describe</i> by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a b 16a <u>Sec</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? es, " describe by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		
b 11a b 12a c 13 14 15 a b 16a b 5 <u>Sec</u>	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? es, " describe by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		
b 11a b 12a c 13 14 15 a b 16a b 16a <u>Sec</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.	apters, affiliates, before filing the form? to conflicts? es, " describe by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		

		,		'	•		•	•	
	statements available to the pu	ıblic durinç	g the t	ax year.					
20	State the name, address, and	telephone	numt	per of the	e person	who posses	sses the	organiza	ation

20	State the nar	me, addı	ress, and	d telepho	one number o	f the person	who po	ssesses t	he organization's	books and	records
	CENTER	FOR	LAW	AND	SOCIAL	POLICY	. –	(202)	906-8004		

CENTER	FOR LAW	AND	SOCIAL POLI	CY –	(202)	906-8004
1310 L	STREET,	NW,	WASHINGTON,	DC	20005	

232006 12-13-22

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than on		ne	Reportable	Reportable	Estimated		
	hours per	box,	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trust	ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		ee	n pe ns		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona	~	nploy	st cor yee	-	1000 NEO		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			erganizatione
(1) ELIZABETH LOWER-BASCH	40.00	_	_							
PROGRAM DIRECTOR						X		169,828.	Ο.	39,389.
(2) BARBARA SEMEDO	40.00									
DEPUTY DIR., POLICY						X		181,458.	0.	24,128.
(3) INDIVAR DUTTA-GUPTA	40.00									
PRESIDENT AND EXECUTIVE DIRECTOR		Х		Х				162,383.	0.	38,282.
(4) AKOSUA MEYERS	40.00									
PROGRAM DIRECTOR					Х			152,968.	0.	39,935.
(5) WENDY CERVENTAS	40.00									
PROGRAM DIRECTOR					X			153,680.	0.	33,163.
(6) TOM SALYERS	40.00									
PROGRAM DIRECTOR					X			154,022.	0.	23,272.
(7) CORMEKKI WHITLEY	40.00									
CHIEF OPERATING OFFICER (8/12-7/22)				Х				145,213.	0.	17,345.
(8) DAVID HANSELL	1.00								•	
BOARD CHAIR (6/22 - PRESENT)	1 00	Х		X				0.	0.	0.
(9) LAVEETA BATTLE	1.00							0	0	
BOARD CHAIR (01/2021-06/22)	1 0 0						Х	0.	0.	0.
(10) SHERECE WEST-SCANTLEBURY	1.00							0	0	
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(11) CARISA STANLEY	1.00							0	0	
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(12) JARRETT BARRIOS	1.00	x						0.	0	
BOARD MEMBER (13) JAMIRA BURLEY	1.00	A						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
(14) MICHAEL CAMUNEZ	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) DONNA COOPER	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(16) ANGELA DIAZ	1.00	21							0.	.
BOARD MEMBER		х						0.	0.	0.
(17) DAVID DODSON	1.00							```	.	```
BOARD MEMBER		х						0.	0.	0.
	1				L	L			30	000

232007 12-13-22

	FOR LAW A	ND	S	OC	ΊA	\mathbf{L}	PO	DLICY	23-7000	150 Page 8
Part VII Section A. Officers, Directors, 1	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)		,		C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and title	hours per					than o s both		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	mpe		1099-NEC)	,	and related
	below	ndividual trustee or director	nstitutional trustee	er	mplc	est co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) STEVEN DOW	1.00									
BOARD MEMBER		х						0.	0.	0.
(19) PETER EDELMAN	1.00									
BOARD MEMBER		x						0.	0.	0.
(20) GENE NICHOL	1.00							0.		.
BOARD MEMBER	1.00	x						0.	0.	0
	1 0 0	A						0.	0.	0.
(21) DENEA JOSEPH	1.00							0	0	
BOARD MEMBER		Х						0.	0.	0.
(22) SIMON LAZARUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(23) SUNIL MANSUKHANI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) EDWARD MONTGOMERY	1.00									
BOARD MEMBER		х						0.	0.	0.
(25) ANNIE BURNS	1.00							• •		
BOARD VICE CHAIR (9/21-PRESENT)		x		х				0.	0.	0.
(26) JOHN M. BOUMAN	1.00			23				0.	••	<u>.</u>
SECRETARY	1.00	x		х				0	٥	0
								0.	0.	0.
1b Subtotal							•			215,514.
c Total from continuation sheets to Par								0.	0.	0.
d Total (add lines 1b and 1c)								1,119,552.	0.	215,514.
2 Total number of individuals (including b	ut not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable	
compensation from the organization										7
										Yes No
3 Did the organization list any former off	icer, director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J t	for such individual									3 X
4 For any individual listed on line 1a, is th										
and related organizations greater than s										4 X
5 Did any person listed on line 1a receive										
rendered to the organization? If "Yes."					-			•		5 X
Section B. Independent Contractors	<u>complete Schedule</u>	<u> </u>	or su	<u>CH </u>	Jers	011 .				5 11
	t componented ind			* •	t.v	- oto		at reasined mars than f	100 000 of composition	tion from
	•	•								
the organization. Report compensation		ear e	nain	ig w	ith C	or wi	<u>inin</u>		ear.	
(A) Name and busir								(B) Description of s		(C)
						_	_	Description of s		Compensation
MELISSA YOUNG , 2958 NC	ORTH HARDI	NG	A١	VE.	NU.	Е,				4.0- 0-0
CHICAGO, IL 60618										105,350.
PRAXIS INSTITUTE, 3963	WEST BELM	ON	ΤŻ	AV.	EN	UE				
413, CHICAGO, IL 60618										101,875.
							-+			
2 Total number of independent contracts	re (including but a	ot lin	aitad	l to i	thee		1	abova) who received me	ro than	
2 Total number of independent contracto	n s (including but h	JL III	med	1.01	UIUS	e iis	rea	above) who received mo	neulali	

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

Form **990** (2022)

232008 12-13-22

Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a resp	onse or note to any line		(D)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្អស	1 a	Federated campaigns 1a					
rani	b	· · · · · · · · · · · · · · · · · · ·					
, G	с						
àifts ar A	d						
s, G	е	Government grants (contributions)					
r Si	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	17,255,680.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	\$				
an C	h	Total. Add lines 1a-1f		17,255,680.			
			Business Code				
e	2 a	HONORARIUM	900099	18,790.	18,790.		
ervi	b						
n S /eni	C						
grar Be∖	d	I					
Program Service Revenue	e						
-		All other program service revenue		18,790.			
	3	Investment income (including dividends,		20,,,20,			
	U			28,713.			28,713.
	4	Income from investment of tax-exempt b					,
	5	Royalties	· ·				
		(i) Re					
	6 a	Gross rents					
	b	Less: rental expenses 6b					
	с	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Secur	ities (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
eve		Gain or (loss)					
<u>ب</u>	0	I Net gain or (loss)					
Othe	8 a	Gross income from fundraising events (not including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18	8a				
	b	Less: direct expenses					
		Net income or (loss) from fundraising eve					
		Gross income from gaming activities. Se					
		Part IV, line 19	9a				
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activitie	es				
	10 a	Gross sales of inventory, less returns					
		and allowances					
	b	Less: cost of goods sold	10b				
	С	Net income or (loss) from sales of invento					
S			Business Code				
leor	11 a						
Miscellaneous Revenue	b						
sce Bev	C			3,043.			3,043.
Ϊ		All other revenue Total. Add lines 11a-11d		3,043.			5,043.
	<u>е</u> 12	Total revenue. See instructions		17,306,226.	18,790.	0.	31,756.
23200	9 12-13		I	, , ,	, , ,		Form 990 (2022

232009 12-13-22

Form 990 (2022)

23-7000150 Page 9

CENTER FOR LAW AND SOCIAL POLICY Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	((0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	476,000.	476,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
U	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
- 5	Compensation of current officers, directors,				
	trustees, and key employees	819,000.	676,803.	142,197.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,367,061.	3,608,838.	758,223.	
8	Pension plan accruals and contributions (include	, , , , , , , , , , , , , , , , , , , ,	, ,		
-	section 401(k) and 403(b) employer contributions)	200,911.	165,711.	35,200.	
9	Other employee benefits	676,812.	558,232.	118,580.	
10	Payroll taxes	422,244.	348,815.	73,429.	
1	Fees for services (nonemployees):	-			
a	Management	7,826.	4,503.	3,323.	
b	Legal	99,286.	57,128.	42,158.	
	Accounting	25,045.	57,120.	25,045.	
d e	Lobbying Professional fundraising services. See Part IV, line 17	23,043.		23,043.	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	1,587,529.	1,086,309.	501,220.	
2	Advertising and promotion				
13	Office expenses	115,596.	45,943.	69,653.	
14	Information technology	66,410.	38,211.	28,199.	
15	Royalties				
16	Occupancy	695,900.	545,977.	149,923.	
7	Travel	101,948.	65,428.	36,520.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	231,874.	133,417.	98,457.	
20	Interest	4,909.	4,048.	861.	
21	Payments to affiliates	= 4	40.011		
22	Depreciation, depletion, and amortization	74,009.	<u>42,911.</u> 17,390.	31,098.	
23	Insurance	21,046.	17,390.	3,656.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUBSCRIPTION AND PUBLIC	103,197.	9,353.	93,844.	
b	DUES AND REGISTRATIONS	26,301.	16,961.	9,340.	
С	TEMPORARY HELP	13,493.	7,764.	5,729.	
d					
е	All other expenses	44,149.	6,990.	37,159.	
25	Total functional expenses. Add lines 1 through 24e	10,180,546.	7,916,732.	2,263,814.	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

232010 12-13-22

Form 990 (2022)

educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

23-7000150 Page 11

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B)
							End of year
	1			····· -	5,589,214.	1	4,207,521.
	2	Savings and temporary cash investments	4,298,125.	2	4,325,436.		
	3	Pledges and grants receivable, net	2,951,100.	3	1,430,000.		
	4	Accounts receivable, net			27,739.	4	145,950.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		····· -	001 800	8	105 000
<	9			·····	221,729.	9	195,238.
	10a	Land, buildings, and equipment: cost or other		205 520			
		basis. Complete Part VI of Schedule D	10a	385,532.	105 000		170 000
		Less: accumulated depreciation		214,726.	195,089.	10c	170,806.
	11			····· -	2,841.	11	10,040,156.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	5,889,763.	15	5,337,710.		
	16	Total assets. Add lines 1 through 15 (must equ			19,175,600. 666,959.	16	25,852,817. 601,523.
	17	Accounts payable and accrued expenses			000,959.	17	001,523.
	18	Grants payable			7,000.	18	
	19	Deferred revenue			7,000.	19	
	20					20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, subst					
Liabilities	00	controlled entity or family member of any of the		22 23			
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23 24	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines	-				
		of Schedule D			6,137,031.	25	5,722,491.
	26	Total liabilities. Add lines 17 through 25			6,810,990.	26	6,324,014.
	20	Organizations that follow FASB ASC 958, che			0,010,000	20	0,021,011
S		and complete lines 27, 28, 32, and 33.					
an c	27				2,651,783.	27	13,420,390.
3ala	28	Net assets with donor restrictions	2,651,783. 9,712,827.	28	<u>13,420,390.</u> 6,108,413.		
μ		Organizations that do not follow FASB ASC 9	- / · / · - · ·				
Fur		and complete lines 29 through 33.	,				
ç	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,364,610.	32	19,528,803.
2	33	Total liabilities and net assets/fund balances			19,175,600.	33	25,852,817.
						-	– – – – – – – – – –

Form 990 (2022)

Form 990 (2022) CENTER
Part X Balance Sheet

	990 (2022) CENTER FOR LAW AND SOCIAL POLICY	23-1	<u>70001</u>	50	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,			
3	Revenue less expenses. Subtract line 2 from line 1	3				80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,			
5	Net unrealized gains (losses) on investments	5		38	3 , 5:	13.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	19,	528	8,8	03.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		
			_	_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		l
			г		aan /	(0000)

(Form 990)

Total

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.

OMB No. 1545-0047	
2022	
Open to Public	

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						
	of the organiz	ration	Go to www.irs.gov/	Form990 for instruction	is and the	e latest ini	ormation.	Employo	Inspection identification numbe
Name						v			3-7000150
Part	I Reaso			AND SOCIAL I (All organizations must c					3-7000130
								15.	
				For lines 1 through 12, cl					
1 [_		•	on of churches described		on 170(b)(1)(A)(I).		
2				Attach Schedule E (Form					
3 [<u> </u>		1 0	anization described in se					41 I
4 _		-	zation operated in col	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
	city, and state:								
5 🗌	_ •	•		liege or university owned	or operat	ied by a go	overnmental u	nit describe	a n
• □			Complete Part II.)						
6 [· -	-	nental unit described in					
7				ntial part of its support fr	om a gove	ernmental	unit or from t	he general j	Sublic described in
• [70(b)(1)(A)(vi). (C							
8 [•		(1)(A)(vi). (Complete Par					
9 🗌				in section 170(b)(1)(A)(
		-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college) or
10	university			then 00 1 /00/ of its summ	a				
10 🗌				than 33 1/3% of its supp					
				t to certain exceptions; a					
		on 509(a)(2). (Co		(less section 511 tax) fro	in pusitie:	sses acqui	red by the or	Janization a	inter June 30, 1975.
11 🗌			• •	ively to test for public est	intry Soo	contion E	$\Omega(\alpha)(A)$		
12		-	-	ively to test for public sat ively for the benefit of, to	•			rn out the	purpass of and ar
				ed in section 509(a)(1) o					
	•		•	f supporting organization					
а		-		upervised, or controlled		-		-	aivina
a				gularly appoint or elect a	•				
	-	-	complete Part IV, Se		majority t				ipporting
b	·		-	l or controlled in connect	ion with it	s sunnorte	ad organizatio	n(s) hy hay	lina
				anization vested in the sa			-		-
		0	st complete Part IV,					ge the supp	
с				g organization operated	in connec	tion with	and functiona	llv integrate	ed with
· ·		-	•). You must complete I				ny mograte	ia mai,
d	<u> </u>	0	()(porting organization oper		,	,	rted organi:	zation(s)
				zation generally must sat				-	
				nplete Part IV, Sections					
е	·			written determination fro				II. Type III	
		•		nally integrated supporti			JI , JI	, ,,	
fl		per of supported	orgonizationa	, , , , , , , , , , , , , , , , , , , ,					
gl	Provide the foll	owing informatio	n about the supporte						-
	(i) Name of s		(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	organiza	ition		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions
								_	

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	A (Form 990) 2022
Part II	Support Sch

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8867178.	11051557.	836,922.	12063696.	14304255.	47123608.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8867178.	11051557.	836,922.	12063696.	14304255.	47123608.
	The portion of total contributions			-			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						19329542.
6	Public support. Subtract line 5 from line 4.						27794066.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		11051557.		12063696.	14304255	
	Gross income from interest,			,			
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,608.	19,682.	6,375.	3,296.	67,226.	108,187.
٩	Net income from unrelated business		1970020	0,0,0	572500	0//2200	100/10/1
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•	5,763.	38,078.	5,240.		3,043.	52,124.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	5,705.	50,070.	5,240.			47283919.
	Gross receipts from related activities,		200			12	=/205515.
	First 5 years. If the Form 990 is for th			auth or fifth tox y	voor oo o oootion E		
13							
Sec	organization, check this box and stor ction C. Computation of Publi				<u></u>		·····
	Public support percentage for 2022 (I		-	olumn (f))		14	58.78 %
						15	<u>49.13</u> %
	Public support percentage from 2021 33 1/3% support test - 2022. If the o						
108							V
b	stop here. The organization qualifies		-		line 15 is 22 1/20/		
a	33 1/3% support test - 2021. If the c						
47-	and stop here. The organization qual				10 10 10-		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	0					1U% OF
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 160, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

qualify under the tests listed	below, please comp	olete Part II.)				
Section A. Public Support					1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	3					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business	3					
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2022	(line 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	2022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the	ne organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and lir	ne 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2021. If th	e organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/39	%, and
line 18 is not more than 33 1/3%, ch	eck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organizati	on
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	
232023 12-09-22					Schedu	Ile A (Form 990) 2022

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

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

16391117 138138 CLASP

Schedule A (Form 990) 2022

2022.05000 CENTER FOR LAW AND SOCIAL CLASP_1

23-7000150 Page 3

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

Schedule A (Form 990) 2022 CENTER FOR LAW AND SOCIAL POLICY Part IV Supporting Organizations (continued)

1

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	1	
b	A family member of a person described on line 11a above? 11k		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 110	:	
Sec	ion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	ion C. Type II Supporting Organizations		
		Yes	No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D	. All Type III Supporting Organizations

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

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 (s	C	on 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* **line 3** *below.*

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

1					
Sect	All other Type III non-functionally integrated supporting organizations mu ion A - Adjusted Net Income	st complete s	Sections A through E. (A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
Ū	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
0	Aujusted Net Income (subtract lines 3, 6, and 7 from line 4)			(P) Current Veer	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
-	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see	

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

Schedule A (Form 990) 2022

23-7000150 Page 6

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 CENTER FOR LAW AND SOCIAL POLICY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

IU	Type in Non Tunetionally integrated 505(allo) oupporting orga	inzations (continu	lea)	
Sect	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	CENTER	FOR LA	W AND	SOCIAL	POLICY	23-7000150 Page 8
Part VI	Supplemental I Part IV, Section A, I line 1; Part IV, Secti	nes 1, 2, 3b, 3c, 4b on D, lines 2 and 3;	4c, 5a, 6, 9a Part IV, Secti	1, 9b, 9c, 11 on E, lines ⁻	a, 11b, and 1 ⁻ 1c, 2a, 2b, 3a,	Ic; Part IV, Section and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, a 1; Part V, Section B, line 1e; Part V, y additional information.

Schedule A (Form 990) 2022

232028 12-09-22

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2022

Employer identification number

	CENTER FOR LAW AND SOCIAL POLICY	23-7000150		
Organization type (che	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	ion is covered by the General Rule or a Special Rule .			
Note: Unly a section 50	11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule). See instructions.		
General Rule				

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule D (10111 330) (2022)	
Name of organization	

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Part I

CENTER FOR LAW AND SOCIAL POLICY

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 613,750. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 2 X Person Payroll 475,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 350,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 X Person Payroll 925,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 550,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 600,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

Employer identification number

23-7000150

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CENTER	FOR	LAW	AND	SOCIAL	POLICY

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Part I	CONTRIDUTORS (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$500,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Page **2**

Employer identification number

23-7000150

Part I		(See instructions.)	
		\$	
(a) No.	(1-)	(c)	(-1)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
			-
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honousil property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honousil property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Decemption of Honough property given	(See instructions.)	
		—	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	
		\\$	
223453 11-15-22		*	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Name of organization

(a)

No.

from

Employer identification number

(d)

Date received

23 - 7000150

(c)

FMV (or estimate)

(See instructions.)

Schedule B (Form 990) (2022)

16391117 138138 CLASP

Schedule I	B (Form 990) (2022)		Page 4			
Name of o	rganization		Employer identification number			
CENTE	R FOR LAW AND SOCIAL PO	LICY	23-7000150			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in secti through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
	Transferee's name, address, a	Relationship of transferor to transferee				
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
223454 11-15	5-22		Schedule B (Form 990) (2022)			

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SCHEDULE C	Po	OMB No. 1545-0047										
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 52						2022						
Complete if the organization is described below. Attach to Form 990 or Form 990-I						Open to Public						
Department of the Treasury Internal Revenue Service	tment of the Treasury											
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lin	ne 46 (Political Camp	aign Acti	ivities), then						
.,.,		plete Parts I-A and B. Do not cor	•									
		1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Par	t I-B.							
Section 527 organization	•	•										
		Form 990, Part IV, line 4, or Fo										
 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 inst				,	,							
 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.										
Name of organization						Employer identification number						
		FOR LAW AND SOCIA				23-7000150						
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c) o	or is a section 52	27 orgai	nization.						
		ation's direct and indirect politica										
2 Political campaign	,											
3 Volunteer hours for	political campai	gn activities										
Part I-B Comple	ete if the ora	anization is exempt unde	er section 501(c)(3	3).								
		ncurred by the organization under		- /-	\$							
	•	ncurred by organization manage										
		1 4955 tax, did it file Form 4720 f										
b If "Yes," describe ir	n Part IV.											
Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),	except section 5	501(c)(3).						
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt funct	ion activities	\$							
2 Enter the amount o	f the filing organi	zation's funds contributed to oth	er organizations for se	ection 527								
exempt function ac	tivities				\$							
•	•	Add lines 1 and 2. Enter here ar										
					\$							
00												
		ployer identification number (EIN	, ,	•								
		ion listed, enter the amount paid omptly and directly delivered to a										
		additional space is needed, provi			sparate se	Service fund of a						
	. ,	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political						
				filing organizatio		ontributions received and						
				funds. If none, ent		promptly and directly						
						delivered to a separate political organization.						
						If none, enter -0						
				1								

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 Part II-A Complete if the org	CENTER	FOR 1	LAW AND SOCI	IAL POLICY		000150 Page 2			
section 501(h)).	anization	i is exeri	ipt under section		eu Form 5700 (eie	ction under			
	tion belongs	s to an affil	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,			
expenses, and share of excess lobbying expenditures).									
B Check if the filing organization checked box A and "limited control" provisions apply.									
Limit (The term "expend	(a) Filing organization's totals	(b) Affiliated group totals							
1a Total lobbying expenditures to influ									
 b Total lobbying expenditures to influ 	25,045.								
c Total lobbying expenditures (add lin	25,045.								
d Other exempt purpose expenditure	10,155,501.								
e Total exempt purpose expenditures	10,180,546.								
f Lobbying nontaxable amount. Ente	659,027.								
If the amount on line 1e, column (a) of	ount is:								
Not over \$500,000									
Over \$500,000 but not over \$1,000	ess over \$500,000.								
Over \$1,000,000 but not over \$1,50		\$175,00	0 plus 10% of the exce	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17,	s over \$1,500,000.								
Over \$17,000,000 \$1,000,000.									
g Grassroots nontaxable amount (en	164,757.								
h Subtract line 1g from line 1a. If zero	0.								
i Subtract line 1f from line 1c. If zero	0.								
j If there is an amount other than zer		line 1h or l	ne 1i, did the organiza	tion file Form 4720	г	—			
reporting section 4911 tax for this						Yes No			
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)									
	Lobby	ing Exper	ditures During 4-Yea	r Averaging Period	1				
Calendar year (or fiscal year beginning in)	(a) 20	019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a Lobbying nontaxable amount	636	,986.	582,489.	615,642.	659,027.	2,494,144.			
b Lobbying ceiling amount (150% of line 2a, column(e))						3,741,216.			
c Total lobbying expenditures	98	,387.	69,787.	76,142.	25,045.	269,361.			
d Grassroots nontaxable amount	159	,247.	145,622.	153,910.	164,757.	623,536.			
e Grassroots ceiling amount (150% of line 2d, column (e))						935,304.			
f Grassroots lobbying expenditures		978.	1,056.			2,034.			

Schedule C (Form 990) 2022

232042 11-08-22

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(-)/5			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(C)(5), or sec	tion	
	501(c)(6).			Vee	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
i ui	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."		• •		3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de 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 a	nd 2 (Saa	

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.

Schedule C (Form 990) 2022

232043 11-08-22

SCHEDULE D (Form 990)	Supplemental Finance Complete if the organization answe Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructio
Name of the organization	

OMB No. 1545-0047

90		Supplementa	al Financial Statements		OMB No. 1545-0047
(Form 990) Supplemental Financial Statements (Form 990) Complete if the organization answered "Yes" on Form 990,					2022
(1011	['] Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				ZUZZ
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection
	e of the organizati		ployer identification number		
Ham	e er tre er gamzat		23-7000150		
Pa	rt I Organiza	CENTER FOR LAW AND ations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accour	
		on answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5			writing that the assets held in donor advised f	unds	
	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be use		
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose cont	ferring	
	impermissible priv	/ate benefit?			Yes 🗌 No
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7	
1		servation easements held by the organization			
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a h	istorically	important land area
	Protection of	of natural habitat	Preservation of a c	ertified hi	storic structure
	Preservation	n of open space			
2	Complete lines 2a	a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conserva	tion easement on the last
	day of the tax yea	ır.			Held at the End of the Tax Year
а	Total number of c	onservation easements		. 2a	
b	Total acreage rest	tricted by conservation easements		. 2b	
с	Number of conser	rvation easements on a certified historic stru	ucture included in (a)	. 2c	
d	Number of conser	rvation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure I	listed in the National Register		. 2d	
3	Number of conser	rvation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization	during the tax
	year				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	ation have a written policy regarding the per	riodic monitoring, inspection, handling of		
	,	forcement of the conservation easements if			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation ease	ements during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easemen	ts during the year
_					
8			re satisfy the requirements of section 170(h)(4)		
-	and section 170(h				
9			on easements in its revenue and expense stat		
			note to the organization's financial statements	that desc	cribes the
Pa		counting for conservation easements.	f Art, Historical Treasures, or Othe	r Simila	r Assets
I U		if the organization answered "Yes" on Form			
		· · · · ·			haatwarka
Ia	•	· •	8, not to report in its revenue statement and t		
			blic exhibition, education, or research in furthe	ance of	public
L	· •		ncial statements that describes these items.	noo cho-i	tworks of
b	•	· •	8, to report in its revenue statement and bala		
		· ·	exhibition, education, or research in furthera	nce of pu	DIIC SERVICE,
	•	ing amounts relating to these items:			¢
					ֆ \$
2	. ,		asures, or other similar assets for financial gai		·
2	-	unts required to be reported under FASB A	· · · · · · · · · · · · · · · · · · ·	n, provide	ى
	and ronowing arrow	anto required to be reported under FAOD A	00 000 rolating to these items.		

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

a Revenue included on Form 990, Part VIII, line 1

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\$

Sche		FOR LAW AND						23-70			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, or	Other	r Similaı	r Assets	contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the	following that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ւ 🛄 հ	oan or exc	change progra	m					
b	Scholarly research	e		ther							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	how the	y further t	he organizatio	n's exen	npt purpo:	se in Part	XIII.		
5	During the year, did the organization solicit of		,		,	r similar	assets		_		-
	to be sold to raise funds rather than to be m		<u>u</u>						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	on answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tai	ble:					Amount		
	2 · · · · ·								Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •				
Par											
		(a) Current year		ior year	(c) Two years		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									-	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administere	ed for th	е		r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	<u>u</u>	wment fui	nds.							
T ai	Complete if the organization answere) Dart IV	line 11a 9	See Form 990	Dart V	line 10				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	a	(d) Bool	(value	9
1a	Land										
b	Buildings										
с	Leasehold improvements			10)1,517.		19,52	28.	81	L,98	89.
d	Equipment										
-	Other				34,015.		195,19			<u>3,8</u> :	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columr	<u>n (B), line 1</u>	10c.)				17(),8(16.

Schedule D (Form 990) 2022

(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1) DEPOSITS			49,466.
(2) RIGHT OF USE ASSETS			5,288,244.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	line 15.)		5,337,710.
Complete if the organization answered "Ye	os" on Form 000 Part IV line	110 or 11f Soo Form 000 Part X line 2	5
(a) Description of lightlity			(b) Book value
1. (a) Description of hability (1) Federal income taxes			
(2) LEASE OBLIGATIONS			5,722,491.
(3)			5,,22,151
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.)		5,722,491.
2. Liability for uncertain tax positions. In Part XIII, prov			
organization's liability for uncertain tax positions un			

232053 09-01-22

CENTER FOR LAW AND SOCIAL POLICY Schedule D (Form 990) 2022 Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

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Schedule D (Form 990) 2022

	edule D (Form 990) 2022 CENTER FOR LAW AND SOCIAL PO					7000150) Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With Rev	venue p	er Retu	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements				1	17,344	<u>4,739.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	38,5	13.			
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d		2d					
е	Add lines 2a through 2d				2e	38	<u>3,513.</u>
3	Subtract line 2e from line 1			L	3	17,306	5,226.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b				4c		0.
с							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				5	17,300	5,226.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	s With Ex	penses	per Re	•		5,226.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With Ex	penses	per Re	eturi	n.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	s With Ex	penses	per Re	•		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With Ex	penses	per Re	eturi	n.	
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s With Ex	penses	per Re	eturi	n.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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	s With Ex	penses	per Re	eturi	n.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a	penses	per Re	eturi	n.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses	2a2b	penses	per Re	eturi	n.	
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	(penses	per Re	1 2e	n.	0,546.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses in Part XIII.)	2a 2b 2c 2d	(penses	per Re	1	n.	0,546.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	(penses	per Re	1 2e	n.	0,546.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) T XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other state in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	(penses	per Re	1 2e	n.	0,546.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c 2d	(penses	per Re	1 2e	n.	0,546.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) TXIII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d 4a 4b	(penses	per Re	1 2e	n. 10,180	0,546. 0. 0,546. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	(penses	per Re	1 2e 3	n.	0,546. 0. 0,546. 0.

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

PART X, LINE 2:

CLASP IS EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAXES OTHER THAN NET

UNRELATED BUSINESS INCOME BY THE INTERNAL REVENUE SERVICE UNDER THE

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 232054 09-01-22 Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CENTER FOR LAW AND SOCIAL POLICY 23-7000150 Page 5 Part XIII Supplemental Information (continued) 23-7000150 Page 5
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 UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX
EXPENSE.
Schedule D (Form 990) 2022
232055 09-01-22

232055 09-01-22

SCHEDULE I		Grants and Oth	ner Assistand	ce to Organ	izations.		OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Attach to Form 990.									
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization Employer iden CENTER FOR LAW AND SOCIAL POLICY 23									
Part I General Information on Grants a			-						
1 Does the organization maintain records t	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	 on		
criteria used to award the grants or assis	stance?	-					X Yes No		
2 Describe in Part IV the organization's pro									
Part II Grants and Other Assistance to recipient that received more than S	•			1 0	anization answered "Y	′es" on Form 990, Parl	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
							PROVIDE SUPPORT TO THE		
CHILDREN AT RISK							CHILDREN THRIVE ACTION		
56 E WILLOW ST							NETWORKS STATE ADVOCACY		
CARLISLE , PA 17013	76-0360533	501(C)(3)	30,000.	٥.			GROUP		
							SUPPORT IN COMBATING THE		
EVERY TEXAN							HARMFUL EFFECTS OF THE		
7020 EASY WIND DRIVE SUITE 200							PUBLIC CHARGE RULE TO		
AUSTIN, TX 78752	74-2898197	501(C)(3)	100,000.	0.			ENSURE IMMIGRANTS AND		
							TO WORK COLLABORATIVELY		
FAMILY FORWARD OREGON							WITH CLASP TO RECOMMEND		
P.O. BOX 15146							ADVOCACY AND EDUCATION		
PORTLAND, OR 97293	80-0436735	501(C)(3)	12,500.	0.			STRATEGIES		
							TO WORK COLLABORATIVELY		
MAKE THE ROAD NEVADA							WITH CLASP TO RECOMMEND		
4250 E BONANZA RD STE 14							ADVOCACY AND EDUCATION		
LAS VEGAS, NV 89110	84-3988830	501(C)(3)	25,000.	0.			STRATEGIES		
							TO WORK COLLABORATIVELY		
NATIONAL DOMESTIC WORKERS ALLIANCE							WITH CLASP TO RECOMMEND		
45 BROADWAY, SUITE 320							ADVOCACY AND EDUCATION		
NEW YORK, NY 10006	35-2420942	501(C)(3)	12,500.	0.			STRATEGIES		
							TO WORK COLLABORATIVELY		
NATIONAL WOMEN'S LAW CENTER							WITH CLASP TO RECOMMEND		
11 DUPONT CIRCLE SUTIE 800							ADVOCACY AND EDUCATION		
WASHINGTON, DC 20036	52-1213010	501(C)(3)	212,500.	0.			STRATEGIES		
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	e line 1 table				9.		
3 Enter total number of other organization	s listed in the line	1 table					0.		

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) CENTER FOR LAW AND SOCIAL POLICY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO WORK COLLABORATIVELY
EW MEXICO VOICES FOR CHILDREN							WITH CLASP TO RECOMMEND
25 SILVER AVENUE, SW, STE 195							ADVOCACY AND EDUCATION
LBURQUERQUE, NM 87102	85-0348301	501(C)(3)	12,500.	0.			STRATEGIES
							TO WORK COLLABORATIVELY
OWER COALITION FOR EQUITY AND							WITH CLASP TO RECOMMEND
JSTICE - 735 N. WATER STREET,							ADVOCACY AND EDUCATION
JITE 550 - MILWAUKEE, WI 53202	52-1759564	501(C)(3)	12,500.	0.			STRATEGIES
							TO WORK COLLABORATIVELY
ELA							WITH CLASP TO RECOMMEND
900 GONZALES ST							ADVOCACY AND EDUCATION
JSTIN, TX 78702	27-2451077	501(C)(3)	25,000.	0.			STRATEGIES
	_						
	_						
	1	1			1	1	

Schedule I (Form 990)

Schedule I (Form 990) 2022

23-7000150

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information req	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								
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.

PART II, LINE 1, COLUMN (H):

Schedule I (Form 990) CENTER FOR LAW AND SOCIAL POLICY Part IV Supplemental Information	23-7000150 Page 2
NAME OF ORGANIZATION OR GOVERNMENT: EVERY TEXAN	
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT IN COMBATING TH	IE HARMFUL
EFFECTS OF THE PUBLIC CHARGE RULE TO ENSURE IMMIGRANTS AND	THEIR FAMILIES
RECEIVE SUPPORT	
	Schedule I (Form 990)

232291 04-01-22

SCI	IEDULE J	Compensation Information	I	OMB No. 1	545-00	47
		- For certain Officers, Directors, Trustees, Key Employees, and Highest	2022)	
		Compensated Employees		 U	22	-
Depar	ment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23 Attach to Form 990.	•	Open to		
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspe		
Nam	e of the organizatior			identificatio		mber
_		CENTER FOR LAW AND SOCIAL POLICY	23-	700015	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on For	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	° .				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation for the social club dues or initiation for the social club dues of the social c				
	Discretionary s	spending account Personal services (such as maid, chauf	eur, cnet)			
	16					
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
•		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		<u> </u>
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
2	Indianta which if or	we of the following the exception used to establish the compensation of the exceptionic	, 'e			
3		ly, of the following the organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organiza ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant X Compensation survey or study				
	X Form 990 of o		committoo			
			committee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		x
		eive payment from a supplemental nonqualified retirement plan?			Х	<u> </u>
		size new set from an any ity based as manufactor among some set 2				x
Ū	c 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion			
	contingent on the re					
а	The organization?			5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion			
	contingent on the n	et earnings of:				
а		-		6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymer	ts			
		ies 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to			_	
				8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990) 2022

232111 10-18-22

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (Compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	, , ,		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELIZABETH LOWER-BASCH	(i)	169,828.	0.	0.	0.	39,389.	209,217.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARBARA SEMEDO	(i)	181,458.	0.	0.	0.	24,128.	205,586.	0.
DEPUTY DIR., POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) INDIVAR DUTTA-GUPTA	(i)	162,383.	0.	0.	0.	38,282.	200,665.	0.
PRESIDENT AND EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AKOSUA MEYERS	(i)	152,968.	0.	0.	0.	39,935.	192,903.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WENDY CERVENTAS	(i)	153,680.	0.	0.	0.	33,163.	186,843.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TOM SALYERS	(i)	154,022.	0.	0.	0.	23,272.	177,294.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CORMEKKI WHITLEY	(i)	145,213.	0.	0.	0.	17,345.	162,558.	0.
CHIEF OPERATING OFFICER (8/12-7/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 4B:

AKOSUA MEYERS RECEIVED A \$6,000 BONUS. EACH STAFF PERSON RECEIVED A 4

PERCENT CONTRIBUTION TO THEIR 430B, AND MEDICAL, DENTAL, VISION, SHORT TERM

AND LONG-TERM DISABILITY BENEFITS

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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



CENTER FOR LAW AND SOCIAL POLICY

Employer identification number 23-7000150

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POLICY SOLUTIONS TO IMPROVE THE LIVES OF PEOPLE WITH LOW INCOMES. WE

DEVELOP PRACTICAL YET VISIONARY STRATEGIES FOR REDUCING POVERTY,

PROMOTING ECONOMIC OPPORTUNITY, AND ADDRESSING INSTITUTIONAL AND RACIAL

BARRIERS FACED BY PEOPLE OF COLOR. WITH OVER 50 YEARS' EXPERIENCE AT

STATE, AND LOCAL LEVELS, WE'RE ADVANCING A BOLD VISION FOR THE FEDERAL,

THE FUTURE ROOTED IN ECONOMIC SECURITY AND RACIAL EQUITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOPLE OF COLOR.

WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL LEVELS,

WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC

SECURITY AND RACIAL EQUITY.

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

EDUCATION, LABOR AND WORKER JUSTICE

CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NONPARTISAN

ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE LIVES

OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VISIONARY

STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORTUNITY, AND

ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOPLE OF COLOR.

WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL LEVELS

WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC

SECURITY AND RACIAL EQUITY

EXPENSES \$ 1,434,037. INCLUDING GRANTS OF \$ 0. REVENUE Ŝ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

Name of the organization CENTER FOR LAW AND SOCIAL POLICY	Employer identification number 23-7000150
IMMIGRATION	
CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NO	NPARTISAN,
ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPRO	VE THE LIVES
OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VISI	ONARY
STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORT	UNITY, AND
ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOP	LE OF COLOR.
WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND	LOCAL LEVELS,
WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECO	NOMIC
SECURITY AND RACIAL EQUITY	
EXPENSES \$ 1,017,164. INCLUDING GRANTS OF \$ 35,000. REV	ENUE \$ 0.

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 20212 10-28-22 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: 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

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, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

1,086,309.

501,220.

Name of the organization

CENTER FOR LAW AND SOCIAL POLICY

Page 2 Employer identification number 23-7000150

DIRECTORS EVEN THOUGH THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM.

BASED ON A COMPARABILITY CHART OF PEER ORGANIZATIONS AND A PROCESS FOR

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

Schedule O (Form 990) 2022 Name of the organization CENTER FOR LAW AND SOCIAL POLICY	Page 2 Employer identification number 23-7000150
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,587,529.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,587,529.

Schedule O (Form 990) 2022

232212 10-28-22

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion					
For Fiscal Year Beginning	g (mm/dd/yyyy) $01/01$	2022 and Ending	(mm/dd/yyyy) 12/31/2	2022		
Check if Applicable:	Name of Organization: CENTER FOR LAV			Employer Identification Number 23-7000150	(EIN):	
Address Change	Mailing Address:	AND SOCIAL P		NY Registration Number:		
Initial Filing	1310 L STREET,	NW		14-46-16		
Final Filing	City / State / ZIP:			Telephone:		
Amended Filing	WASHINGTON, DO	20005		202 906-8004		
Reg ID Pending	Website: HTTPS://WWW.CI	ASP.ORG/		Email:		
Check your organization's			(Confirm your Registration Category in t	the	
registration category:	X 7A only EPTI	only DUAL (7A 8		Charities Registry at <u>www.CharitiesNYS</u>		
2. Certification						
See instructions for certifities two signatories.	ication requirements. Imprope	er certification is a violation	of law that may be subject t	to penalties. The certification requi	res	
We certify under p	penalties of perjury that we rev	iewed this report, including	all attachments, and to the	best of our knowledge and belief,		
they ar	e true, correct and complete	n accordance with the laws				
			INDIVAR DU			
President or Authorized			PRESIDENT A		_	
	Signature		Print Name	e and Title Date		
Chief Financial Officer or	r Treasurer:					
	Signature		Print Name	and Title Date	_	
3. Annual Reporting						
categories (DUAL filers) the additional attachments are	nat apply to your registration,	complete only parts 1, 2, a	nd 3, and submit the certifie	gory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or e exemption, you must file applicat		
exceed \$2				vernment agencies, etc. did not aising counsel (FRC) to solicit		
	filing exemption: Gross receip fiscal year.	ts did not exceed \$25,000	and the market value of ass	ets did not exceed \$25,000 at any	' time	
4. Schedules and A	ttachments					
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.						
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:			
next page to calculate yo	Ŭ			Make a single check or money o	order	
fee(s). Indicate fee(s) you				payable to:		
are submitting here:	\$5.	\$	\$	"Department of Law"		
	r Charitable Organizations (U efers to an organization's NYS	• •	not refer to its IRS tax desig	gnation.		

268451 01-24-23 1019

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Page 1

FOD TAW AND COCTAT DOLLCY

CENTER FOR LAW AND	SOCIAL POLICI	
	Simply submit the certified CHAR5	00 with no fee, schedule, or additional attachments IF:
CHAR500	- Your organization is registered as	7A only and you marked the 7A filing exemption in Part 3.
Annual Filing Checklist	- Your organization is registered as	EPTL only and you marked the EPTL filing exemption in Part 3.
	- Your organization is registered as	DUAL and you marked both the 7A and EPTL filing exemption in Part 3.
Checklist of Schedules and	d Attachments	
Check the schedules you must subr	mit with your CHAR500 as described i	n Part 4:
If you answered "yes" in Part	4a, submit Schedule 4a: Professional F	und Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part	4b, submit Schedule 4b: Government	Grants
Check the financial attachments you	u must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990	-PF, and 990-T if applicable	
X All additional IRS Form 990 Se	chedules, including Schedule B (Sche	dule of Contributors). Schedule B of public charities is exempt from
disclosure and will not be ava	lable for public review.	
	for and filed an IRS 990-N e-postcard. an IRS Form 990-EZ for state purpose	Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the s only.
If you are a 7A only or DUAL filer, su	ubmit the applicable independent Cert	ified Public Accountant's Review or Audit Report:
Review Report if you received	total revenue and support greater tha	an \$250,000 and up to \$1,000,000
X Audit Report if you received to	otal revenue and support greater than	\$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before	that date, an Audit Report is required	d if total revenue and support is greater than \$750,000
No Review Report or Audit Re	port is required because total revenue	e and support is less than \$250,000
We are a DUAL filer and chec	ked box 3a, no Review Report or Audi	t Report is required
Calculate Your Fee		
		Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate th	e 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exe	mption in Part 3a	78 films and us island to satisfy a shift, the satisfy the New York
X \$25, if you did not check the	7A exemption in Part 3a	7A filers are registered to solicit contributions in New York

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 sr more but less than \$50,000,000 or more but less than \$50,000,000
1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

268461 01-24-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

16391117 138138 CLASP

2 2022.05000 CENTER FOR LAW AND SOCIAL CLASP__1

Form 990

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

<i></i>
Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending						
B c a	heck if pplicab	e: C Name of organization	D Employer identifie	cation number		
	Addre	e CENTER FOR LAW AND SOCIAL POLICY				
	Name Chang	e Doing business as	23-7000150			
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final Final	/ 1310 L STREET, NW		(202) 90		
	terminated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	17,306,226.	
	Amen return	WASHINGTON, DC 20005		H(a) Is this a group re	eturn	
	Applie tion	F Name and address of principal officer: INDIVAR DOTTA-GOFTA	7	for subordinates	? Yes X No	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
<u>I</u> T	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions	
	Vebsi			H(c) Group exemptio		
		roganization: 🔀 Corporation 🔄 Trust 🔄 Association 🦳 Other	L Year	of formation: 1968 N	State of legal domicile: DC	
Pa	rt I	Summary				
•	1	Briefly describe the organization's mission or most significant activities:				
uce		(CLASP) IS A NATIONAL, NONPARTISAN, ANTI-	POVERI	Y NONPROFIT	ADVANCING	
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	18	
5	4	Number of independent voting members of the governing body (Part VI, line 1b)		17		
es 5	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		65		
viti	6	Total number of volunteers (estimate if necessary)	6	20		
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		12,063,696.	17,255,680.	
enu	9	Program service revenue (Part VIII, line 2g)		17,765.	18,790.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,296.	28,713.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	3,043.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,084,757.	17,306,226.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	1,051,231.	476,000.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $.		5,679,541.	6,486,028.	
sue		Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		2 210 510	
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,582,066.	3,218,518.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,312,838.	10,180,546.	
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		2,771,919. ginning of Current Year	7,125,680.	
ts or nces					End of Year	
t Assets d Balanc	20	Total assets (Part X, line 16)	······	<u>19,175,600.</u>	25,852,817.	
et A Ind 1		Total liabilities (Part X, line 26)	······	6,810,990. 12,364,610.	<u>6,324,014.</u> 19,528,803.	
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		12,304,010.	19,540,003.	
			and atotors	unto and to the bast of me	knowledge and helief it is	
Unde	er pena	lities of periury. I declare that I have examined this return, including accompanying schedules	s and stateme	mis, and to the pest of My	Knowledge and Dellet. It IS	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
-	INDIVAR DUTTA-GUPTA, PRES	IDENT AND EXECUTIVE	DIRECT	OR			
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	PAMELA GRAY			self-employed P01237506			
Preparer	Firm's name SB & COMPANY			Firm's EIN 20-2153727			
Use Only	Firm's address 10200 GRAND CENTR.	AL AVE, SUITE 250					
	OWINGS MILLS, MD	21117		Phone no. (410)584-0060			
May the II	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	EVALUATE Section Act Notice, see the separate instructions. Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) CENTER FOR LAW AND SOCIAL POLICY	23-7000150	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,		
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMP		/ES
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL YET VIS		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPO	RTUNITY, ANI)
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as $2 - \frac{1}{2} + \frac{1}{2} +$		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$2,098,291. including grants of \$27,500.) (Revenue)		<u>`</u>
4a	(Code:) (Expenses \$2,098,291. including grants of \$27,500.) (Reve	nue \$)
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,	NONPARTISAN	
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMP		
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VI		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPO)
	ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PE		
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AN		
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN E		
	SECURITY AND RACIAL EQUITY		
4b	(Code:) (Expenses \$1,730,783. including grants of \$151,000.) (Reve	nue \$)
	POVERTY AND INCOME SUPPORT PROGRAMS:		
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,		
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMP		/ES
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VI		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPO		
	ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PE		
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AN WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN E		<u>, сп</u>
	SECURITY AND RACIAL EQUITY.	CONOMIC	
4c	(Code:) (Expenses \$ 1,636,457. including grants of \$ 262,500.) (Reve	nue \$ 18	,790.)
	CHILD CARE AND EARLY EDUCATION		, ,
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,	NONPARTISAN	,
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMP	ROVE THE LIV	/ES
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VI	SIONARY	
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPO	<u>)RTUNITY, ANI</u>)
	ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PE	OPLE OF COLO	DR.
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AN	ID LOCAL LEVE	ELS,
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN E	CONOMIC	
	SECURITY AND RACIAL EQUITY		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 2,451,201. including grants of \$ 35,000.) (Revenue \$)	
4e	Total program service expenses7,916,732.		000
		Form	990 (2022)
232002	2 12-13-22		

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Form	990	(2022)

Part IV Checklist of Required Schedules

CENTER FOR LAW AND SOCIAL POLICY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
9	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 negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
232003	3 12-13-22	Form	990 ((2022)

232003 12-13-22

Form	990	(2022)
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			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23	Х							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a 24b		X						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?	24c								
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>						
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	25a		X						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v						
~~	Schedule L, Part I	25b		<u> </u>						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0		x						
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26								
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x						
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 23						
20	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>									
a	"Yes," complete Schedule L, Part IV	28a		x						
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X						
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200								
•	"Yes," complete Schedule L, Part IV	28c		x						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	contributions? If "Yes," complete Schedule M	30		x						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete									
	Schedule N, Part II	32		x						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations									
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34		X						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X						
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," complete Schedule R, Part V, line 2	36		X						
37										
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?									
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х							
ra	rt V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>								
			Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 91	-								
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	x							

232004 12-13-22

Form	990 (2022) CENTER FOR LAW AND SOCIAL POLICY 23-7000	150	Р	_{age} 5						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 65									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	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 account)?	4a		x						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such 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		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	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									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	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								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand			37						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	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?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

232005 12-13-22

Form	990 (2022) CENTER FOR LAW AND SOCIAL POLICY	23-700		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough 7b below, and for	a "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				-
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 18	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent		4		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		_		v
	more members of the governing body?		7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste		71.		x
•	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	vonuo Codo I			
		Venue Coue.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?	apters, affiliates,	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body	apters, affiliates, before filing the form?	10b	X	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990.	apters, affiliates, before filing the form?	10b 11a	X	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	apters, affiliates, before filing the form? to conflicts?	10b 11a 12a	X	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts?	10b 11a 12a	X X X X X	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>	apters, affiliates, before filing the form? to conflicts? <i>ies,</i> " <i>describe</i>	10b 11a 12a 12b	X X X X X	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	apters, affiliates, before filing the form? to conflicts? ies, " describe	10b 11a 12a 12b 12c	X X X X X	
b 11a b 12a b c 13	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	apters, affiliates, before filing the form? to conflicts? ies, " describe	10b 11a 12a 12b 12c 13	X X X X X	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?	apters, affiliates, before filing the form? to conflicts? ies, " describe by independent	10b 11a 12a 12b 12c 13 14	x x x x x x x	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?	apters, affiliates, before filing the form? to conflicts? ies, " describe by independent	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?	apters, affiliates, before filing the form? to conflicts? es, " <i>describe</i> by independent	10b 11a 12a 12b 12c 13 14	x x x x x x x	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? <i>ies</i> , " <i>describe</i> by independent	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such char and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	apters, affiliates, before filing the form? to conflicts? ies, " <i>describe</i> by independent nent with a	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such char and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? es, " <i>describe</i> by independent nent with a	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such char and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization 's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	apters, affiliates, before filing the form? to conflicts? ies, " <i>describe</i> by independent hent with a e its participation	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such charan branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? <i>ies,</i> " <i>describe</i> by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? <i>ies,</i> " <i>describe</i> by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a b Sec	If "Yes," did the organization have written policies and procedures governing the activities of such char and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure	apters, affiliates, before filing the form? to conflicts? <i>ies,</i> " <i>describe</i> by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a b 16a <u>Sec</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? es, " describe by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		
b 11a b 12a c 13 14 15 a b 16a b 5 <u>Sec</u>	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	apters, affiliates, before filing the form? to conflicts? es, " describe by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		
b 11a b 12a c 13 14 15 a b 16a b 16a <u>Sec</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.	apters, affiliates, before filing the form? to conflicts? es, " describe by independent hent with a e its participation ization's	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		

		,		'	•		•	•	
	statements available to the pu	ıblic durinç	g the t	ax year.					
20	State the name, address, and	telephone	numt	per of the	e person	who posses	sses the	organiza	ation

20	State the nar	me, addı	ress, and	d telepho	one number o	f the person	who po	ssesses t	he organization's	books and	records
	CENTER	FOR	LAW	AND	SOCIAL	POLICY	. –	(202)	906-8004		

CENTER	FOR LAW	AND	SOCIAL POLI	CY -	(202)	906-8004
1310 L	STREET,	NW,	WASHINGTON,	DC	20005	

232006 12-13-22

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than on		ne	Reportable	Reportable	Estimated		
	hours per	box,	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trust	ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		ee	n pe ns		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona	~	nploy	st cor yee	-	1000 NEO		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			eiganizatione
(1) ELIZABETH LOWER-BASCH	40.00	_	_							
PROGRAM DIRECTOR						X		169,828.	Ο.	39,389.
(2) BARBARA SEMEDO	40.00									
DEPUTY DIR., POLICY						X		181,458.	0.	24,128.
(3) INDIVAR DUTTA-GUPTA	40.00									
PRESIDENT AND EXECUTIVE DIRECTOR		Х		Х				162,383.	0.	38,282.
(4) AKOSUA MEYERS	40.00									
PROGRAM DIRECTOR					Х			152,968.	0.	39,935.
(5) WENDY CERVENTAS	40.00									
PROGRAM DIRECTOR					X			153,680.	0.	33,163.
(6) TOM SALYERS	40.00									
PROGRAM DIRECTOR					X			154,022.	0.	23,272.
(7) CORMEKKI WHITLEY	40.00									
CHIEF OPERATING OFFICER (8/12-7/22)				Х				145,213.	0.	17,345.
(8) DAVID HANSELL	1.00								•	
BOARD CHAIR (6/22 - PRESENT)	1 00	Х		X				0.	0.	0.
(9) LAVEETA BATTLE	1.00							0	0	
BOARD CHAIR (01/2021-06/22)	1 0 0						Х	0.	0.	0.
(10) SHERECE WEST-SCANTLEBURY	1.00							0	0	
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(11) CARISA STANLEY	1.00							0	0	
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) JARRETT BARRIOS	1.00	x						0.	0	
BOARD MEMBER (13) JAMIRA BURLEY	1.00	A						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
(14) MICHAEL CAMUNEZ	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) DONNA COOPER	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(16) ANGELA DIAZ	1.00	21							0.	.
BOARD MEMBER		х						0.	0.	0.
(17) DAVID DODSON	1.00							```	.	```
BOARD MEMBER		х						0.	0.	0.
	1				L	L			30	000

232007 12-13-22

	FOR LAW A	ND	S	OC	ΊA	\mathbf{L}	PO	DLICY	23-7000	150 Page 8
Part VII Section A. Officers, Directors, 1	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)		,		C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and title	hours per					than o s both		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	mpe		1099-NEC)	,	and related
	below	ndividual trustee or director	nstitutional trustee	er	mplc	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) STEVEN DOW	1.00									
BOARD MEMBER		х						0.	0.	0.
(19) PETER EDELMAN	1.00									
BOARD MEMBER		x						0.	0.	0.
(20) GENE NICHOL	1.00							0.		.
BOARD MEMBER	1.00	x						0.	0.	0
	1 0 0	A						0.	0.	0.
(21) DENEA JOSEPH	1.00							0	0	
BOARD MEMBER		Х						0.	0.	0.
(22) SIMON LAZARUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(23) SUNIL MANSUKHANI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) EDWARD MONTGOMERY	1.00									
BOARD MEMBER		х						0.	0.	0.
(25) ANNIE BURNS	1.00							• •		
BOARD VICE CHAIR (9/21-PRESENT)		x		х				0.	0.	0.
(26) JOHN M. BOUMAN	1.00			23				0.		<u>.</u>
SECRETARY	1.00	x		х				0	٥	0
								0.	0.	0.
1b Subtotal							•			215,514.
c Total from continuation sheets to Par								0.	0.	0.
d Total (add lines 1b and 1c)								1,119,552.	0.	215,514.
2 Total number of individuals (including b	ut not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable	
compensation from the organization										7
										Yes No
3 Did the organization list any former off	icer, director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J t	for such individual									3 X
4 For any individual listed on line 1a, is th										
and related organizations greater than \$										4 X
5 Did any person listed on line 1a receive										
rendered to the organization? If "Yes."					-			•		5 X
Section B. Independent Contractors	<u>complete Schedule</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	or su	<u>CH </u>	Jers	011 .				5 11
	t componented ind			* ~ ~	t.v	- oto		at reasined mars than f	100 000 of composition	tion from
	•	•								
the organization. Report compensation		ear e	nain	ig w	ith C	or wi	<u>inin</u>		ear.	
(A) Name and busir								(B) Description of s		(C)
						_	_	Description of s		Compensation
MELISSA YOUNG , 2958 NC	ORTH HARDI	NG	A١	VE.	NU.	Е,				4.0- 0-0
CHICAGO, IL 60618										105,350.
PRAXIS INSTITUTE, 3963	WEST BELM	ON	ΤŻ	AV.	EN	UE				
413, CHICAGO, IL 60618										101,875.
							-+			
2 Total number of independent contracts	re (including but a	at lim	aitad	l to i	thee		1	abova) who received me	ro than	
2 Total number of independent contracto	n s (including but h	JL III	med	1.01	UIUS	e iis	rea	above) who received mo	neulali	

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

Form **990** (2022)

232008 12-13-22

Part of Normalization of the second	Pa	rt VI	II Statement of Revenue					
Total revenue Related or seempt function revenue Pretrait addition particular provide display and the information provide display and the information of a second d			Check if Schedule O contains a respo	nse or note to any line		(5)	(0)	
By Membership daes D D 6 Chardnaling events D D 7 A Hote administration D D 1 A Hote contribution, spits, and smits a mouth and the left data data data data data data data da					()	Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
By Membership daes D D 0 Fundhaling events D D 1 A detailed organizations D D 1 A detaile stati D D D 1 A detaile stati D D D D 1 A detaile stati D D D D D 1 A detaile static argenes D	<u>ι</u> ς γ	1 a	Federated campaigns					
Bool State in the second sec	iifts, Grants ar Amounts	k						
Bool State in the second sec		c						
Bool State in the second sec	àifts ar A	c						
Bool State in the second sec	ons, G Simila	e	Bovernment grants (contributions)					
Bool State in the second sec	r Si	f	All other contributions, gifts, grants, and					
Bool State in the second sec	the		similar amounts not included above 1f	17,255,680.				
Bool State in the second sec	d O	ç	Noncash contributions included in lines 1a-1f	6				
2 a HONRRARIUM 900099 18,790. 18,790. b	ပိုရ	ł	Total. Add lines 1a-1f		17,255,680.			
Bornov Control Control <thcontrol< th=""> <thcontrol< th=""> <thco< td=""><td rowspan="2"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thco<></thcontrol<></thcontrol<>								
g Total. Add lines 2a21 18,790. a trivestment income (including dividends, interest, and other similar amounts) 28,713. 28,713. 4 income from investment of tax-exempt bond proceeds 5 3 3 5 Royalties 6 6 4 3 6 a Gross rents 6 6 4 b Less: rental expenses 6 6 4 4 r R forstal income or (loss) 6 4 4 4 r a forss amount from sales of assets other than inventory 7a 4 4 4 r a forss income from fundraising events (not including \$ 7a 7a 4 4 a forss income form fundraising events 6 6 4 4 4 a forss income form fundraising events 5		2 8	HONORARIUM	900099	18,790.	18,790.		
g Total. Add lines 2a21 18,790. a trivestment income (including dividends, interest, and other similar amounts) 28,713. 28,713. 4 income from investment of tax-exempt bond proceeds 5 3 3 5 Royalties 6 6 4 3 6 a Gross rents 6 6 4 b Less: rental expenses 6 6 4 4 r R forstal income or (loss) 6 4 4 4 r a forss amount from sales of assets other than inventory 7a 4 4 4 r a forss income from fundraising events (not including \$ 7a 7a 4 4 a forss income form fundraising events 6 6 4 4 4 a forss income form fundraising events 5	ervi	k)					
g Total. Add lines 2a21 18,790. a trivestment income (including dividends, interest, and other similar amounts) 28,713. 28,713. 4 income from investment of tax-exempt bond proceeds 5 3 3 5 Royalties 6 6 4 3 6 a Gross rents 6 6 4 b Less: rental expenses 6 6 4 4 r R forstal income or (loss) 6 4 4 4 r a forss amount from sales of assets other than inventory 7a 4 4 4 r a forss income from fundraising events (not including \$ 7a 7a 4 4 a forss income form fundraising events 6 6 4 4 4 a forss income form fundraising events 5	n S /eni	c						
g Total. Add lines 2a21 18,790. a trivestment income (including dividends, interest, and other similar amounts) 28,713. 28,713. 4 income from investment of tax-exempt bond proceeds 5 3 3 5 Royalties 6 6 4 3 6 a Gross rents 6 6 4 b Less: rental expenses 6 6 4 4 r R forstal income or (loss) 6 4 4 4 r a forss amount from sales of assets other than inventory 7a 4 4 4 r a forss income from fundraising events (not including \$ 7a 7a 4 4 a forss income form fundraising events 6 6 4 4 4 a forss income form fundraising events 5	grar Be∖	c	l					
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3 Investment income (including dividends, interest, and dther similar amounts) 28,713. 28,713. 28,713. 4 Income from investment of tax exempt bond proceeds 0		1			18 790.			
e other similar amounts) 28,713. 28,713. 28,713. 4 income from investment of tax exempt bond proceeds 5 Royaties 5 5 Royaties 6 5 10 5 6 Gross rents 63 5 5 5 6 Gross rents 63 5 5 5 7 a Gross rents 63 5 5 6 5 6 Gross rents 63 5 5 6 5 5 7 a Gross amount from sales of assets other than inventory 7a		3						
4 income from investment of tax-exempt bond proceeds		Ū			28,713.			28,713.
5 Royatties (i) Real (ii) Personal 6 a Gross rents 6a (ii) Real (iii) Personal 6 b Less: rental expenses (iii) Real (iii) Personal 7 a Gross amount from sales of asses of asses of the rental income or (loss) (iii) Securities (iii) Other assets other than inventory 7a (iii) Securities (iii) Other assets other than inventory 7a (iiii) Securities (iii) Other assets other than inventory 7a (iii) Securities (iii) Other assets other than inventory 7a (iiii) Securities (iii) Other assets other than inventory 7a (iiii) Other (iiii) Other assets other than inventory 7a (iiii) Other (iiii) Other assets other than inventory 7a (iiii) Other (iiii) Other assets other than inventory 7a (iiiiiiii) Other (iiiiiiiiiiiiiii) Other assets other than inducting gevents (not inicular) ing events (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		4			•			
Gea Gross rents Gea (i) Real (ii) Personal b Less: rental expenses. Geb		5		' F				
b Less: rental expenses 6b								
geogram c Rental income or (loss) Bc Image: constraint of the set of the s		6 a	a Gross rents 6a					
d Net rental income or (loss)		k	Less: rental expenses 6b					
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis 7b c Gain or (loss) 7c d Net gain or (loss) 7c a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 8a part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. See 9a part IV, line 19 9a b Less: cost of goods sold 10a 10 a Gross aces of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 b Less: cost of goods sold 10b c d II other revenue 3.043. d All other revenue 3.043. c d II other revenue 3.043.		c	Rental income or (loss) 6c					
assets other than inventory 7a 7a b Less: cost or other basis and sales expenses 7b 7c c Gain or (loss) 7c 7c d Net gain or (loss) 7c 7c d Net gain or (loss) or or a Gross income from fundraising events (not including \$ or or or b Less: direct expenses Bb b c Net income or (loss) from fundraising events or or 9 a Gross income from gaming activities or or b Less: direct expenses Bb or or b Less: direct expenses 9a or or ga ga ga or or or b Less: direct expenses 9a or or or or 10 a Gross sales of inventory, less returns and allowances or or or or b Less: cost of goods sold 10b or or or or c d		c						
Bit Less: cost or other basis and sales expenses Tb c Gain or (loss) Tc d Net gain or (loss) Tc 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events Image: Contribution of the contrel contre contribution of the contribution of the contribution of		7 a		ies (ii) Other				
and sales expenses 7b								
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B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8b Ba b Less: direct expenses Bb Bb c Net income or (loss) from fundraising events	nue							
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8b Ba b Less: direct expenses Bb Bb c Net income or (loss) from fundraising events	eve							
5 including \$ of contributions reported on line 1c). See Part IV, line 18	5	0	I Net gain or (loss)	·····				
secontributions reported on line 1c). See Ba Ba Ba b Less: direct expenses Bb Bb Contributions reported on line 1c). See 9 A Less: direct expenses Bb Contributions reported on line 1c). See 9 A Gross sinceme from gaming activities. See Pa Pa 9 A Gross sinceme from gaming activities. See Pa Pa c Net income or (loss) from gaming activities. See Pa Pa Pa c Net income or (loss) from gaming activities. See Pa Pa Pa c Net income or (loss) from gaming activities. See Pa Pa Pa a Gross sales of inventory, less returns and allowances 10a Into a Into a b Less: cost of goods sold 10b Into a Into a Into a c Int a	the	88						
Part IV, line 18 8a b Less: direct expenses 9 a Gross income from gaming activities. See 9 a Gross income from gaming activities. See 9 a Gross income or (loss) from gaming activities. See 9 a Gross income or (loss) from gaming activities. See 9 a Gross income or (loss) from gaming activities 0 Less: direct expenses 9 b Less: direct expenses 9 b Image: Second from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 a Gross sold 10 b Image: Second from gaming activities 11 a	0		J					
b Less: direct expenses 8b Ab Ab 9 Gross income or (loss) from fundraising events Image: state of the state of			. ,	89				
c Net income or (loss) from fundraising events		ł						
9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 9b				its				
b Less: direct expenses 9b Image: constraint of the second								
b Less: direct expenses 9b Image: constraint of the second								
10 a Gross sales of inventory, less returns and allowances 10a 10a 10a b Less: cost of goods sold 10b 10b 10b c Net income or (loss) from sales of inventory Image: state of the s		k		9b				
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a		c	: Net income or (loss) from gaming activities	s				
b Less: cost of goods sold 10b Image: control of goods sold 10b c Net income or (loss) from sales of inventory Business Code Image: control of goods sold		10 a	- ·					
Business Code Image: Construction of the second of the secon			and allowances					
Business Code Business Code Image: Code		k	Less: cost of goods sold	10b				
11 a		C	: Net income or (loss) from sales of inventor					
e Total. Add lines 11a-11d 3,043. 12 Total revenue. See instructions 17,306,226. 18,790. 0. 31,756	<u>s</u>			Business Code				
e Total. Add lines 11a-11d 3,043. 12 Total revenue. See instructions 17,306,226. 18,790. 0. 31,756	eou	11 a						
e Total. Add lines 11a-11d 3,043. 12 Total revenue. See instructions 17,306,226. 18,790. 0. 31,756	llan 'ent	k						
e Total. Add lines 11a-11d 3,043. 12 Total revenue. See instructions 17,306,226. 18,790. 0. 31,756	Bev	C			2 042			2 042
12 Total revenue. See instructions 17,306,226. 18,790. 0. 31,750	Ϊ	C						5,043.
					,	18 790	0	31 756
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CENTER FOR LAW AND SOCIAL POLICY

232009 12-13-22

Form 990 (2022)

23-7000150 Page 9

CENTER FOR LAW AND SOCIAL POLICY Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	((0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	476,000.	476,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
U	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
- 5	Compensation of current officers, directors,				
	trustees, and key employees	819,000.	676,803.	142,197.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,367,061.	3,608,838.	758,223.	
8	Pension plan accruals and contributions (include	, , , , , , , , , , , , , , , , , , , ,	, ,		
-	section 401(k) and 403(b) employer contributions)	200,911.	165,711.	35,200.	
9	Other employee benefits	676,812.	558,232.	118,580.	
10	Payroll taxes	422,244.	348,815.	73,429.	
11	Fees for services (nonemployees):	,	,		
a	Management	7,826.	4,503.	3,323.	
b	Legal	99,286.	57,128.	42,158.	
	Accounting	25,045.	57,120.	25,045.	
d e	Lobbying Professional fundraising services. See Part IV, line 17	23,043.		23,043.	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	1,587,529.	1,086,309.	501,220.	
12	Advertising and promotion				
13	Office expenses	115,596.	45,943.	69,653.	
14	Information technology	66,410.	38,211.	28,199.	
15	Royalties				
16	Occupancy	695,900.	545,977.	149,923.	
7	Travel	101,948.	65,428.	36,520.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	231,874.	133,417.	98,457.	
20	Interest	4,909.	4,048.	861.	
21	Payments to affiliates	= 4	40.011		
22	Depreciation, depletion, and amortization	74,009.	<u>42,911.</u> 17,390.	31,098.	
23	Insurance	21,046.	17,390.	3,656.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUBSCRIPTION AND PUBLIC	103,197.	9,353.	93,844.	
b	DUES AND REGISTRATIONS	26,301.	16,961.	9,340.	
С	TEMPORARY HELP	13,493.	7,764.	5,729.	
d					
е	All other expenses	44,149.	6,990.	37,159.	
25	Total functional expenses. Add lines 1 through 24e	10,180,546.	7,916,732.	2,263,814.	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

232010 12-13-22

Form 990 (2022)

educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

CENTER FOR LAW AND SOCIAL POLICY

23-7000150 Page 11

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B)
							End of year
	1			····· -	5,589,214.	1	4,207,521.
	2	Savings and temporary cash investments			4,298,125.	2	4,325,436.
	3	Pledges and grants receivable, net			2,951,100.	3	1,430,000.
	4	Accounts receivable, net			27,739.	4	145,950.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described				6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		····· -	001 800	8	105 000
<	9			·····	221,729.	9	195,238.
	10a	Land, buildings, and equipment: cost or other		205 520			
		basis. Complete Part VI of Schedule D	10a	385,532.	105 000		170.000
		Less: accumulated depreciation		214,726.	195,089.	10c	170,806.
	11			····· -	2,841.	11	10,040,156.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	5,889,763.	15	5,337,710.		
	16	Total assets. Add lines 1 through 15 (must equ	19,175,600. 666,959.	16	25,852,817. 601,523.		
	17	Accounts payable and accrued expenses	000,959.	17	001,523.		
	18	Grants payable			7,000.	18	
	19	Deferred revenue			7,000.	19	
	20					20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, subst					
Liabilities	00	controlled entity or family member of any of the		22 23			
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23 24	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines	-				
		of Schedule D	s 17-24).		6,137,031.	25	5,722,491.
	26	Total liabilities. Add lines 17 through 25			6,810,990.	26	6,324,014.
	20	Organizations that follow FASB ASC 958, che			0,010,000	20	0,021,011
S		and complete lines 27, 28, 32, and 33.					
лс П	27				2,651,783.	27	13,420,390.
3ala	28	Net assets with donor restrictions			2,651,783. 9,712,827.	28	<u>13,420,390.</u> 6,108,413.
μ		Organizations that do not follow FASB ASC 9			- / · / · - · ·		
Ъц		and complete lines 29 through 33.	,				
ç	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,364,610.	32	19,528,803.
2	33	Total liabilities and net assets/fund balances			19,175,600.	33	25,852,817.
						-	– – – – – – – – – –

Form 990 (2022)

Form 990 (2022) CENTER
Part X Balance Sheet

	990 (2022) CENTER FOR LAW AND SOCIAL POLICY	23-5	<u>7000150</u>	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,30		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,18		
3	Revenue less expenses. Subtract line 2 from line 1	3	7,12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,36		
5	Net unrealized gains (losses) on investments	5	3	8,5	13.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	19,52	8,8	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			1	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Гаша	, uun	(2022)

(Form 990)

Total

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.

OMB No. 1545-0047	
2022	
Open to Public	

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ.								
	of the organiz	ration	Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection identification numbe		
Name						v			3-7000150		
Part				AND SOCIAL I (All organizations must c					3-7000130		
								15.			
				For lines 1 through 12, cl							
1 [•	on of churches described		on 170(b)(1)(A)(I).				
2				Attach Schedule E (Form							
3 [- '		1 0	anization described in se					41 I		
4 _		-	zation operated in col	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
	city, and s										
5 🗌	_ •	•		llege or university owned	or operat	ied by a go	overnmental u	nit describe	a n		
• 「		section 170(b)(1)(A)(iv). (Complete Part II.)									
6 [· -	-	nental unit described in							
7				ntial part of its support fr	om a gove	ernmental	unit or from t	he general j	Sublic described in		
• [70(b)(1)(A)(vi). (C									
8 [•		(1)(A)(vi). (Complete Par							
9 🗌				in section 170(b)(1)(A)(
		-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college) or		
10	university			then 00 1 /00/ of its summ	a						
10 🗌				than 33 1/3% of its supp							
				t to certain exceptions; a							
		on 509(a)(2). (Co		(less section 511 tax) fro	in pusitie:	sses acqui	red by the or	Janization a	inter Julie 30, 1975.		
11 🗌			• •	ively to test for public est	intry Soo	contion E	$\Omega(\alpha)(A)$				
12		-	-	ively to test for public sat ively for the benefit of, to	•			rn out the	purpass of and ar		
				ed in section 509(a)(1) o							
	•		•	f supporting organization							
а		-		upervised, or controlled		-		-	aivina		
a				gularly appoint or elect a	•						
	-	-	complete Part IV, Se		majority t				ipporting		
b	·		-	l or controlled in connect	ion with it	s sunnorte	organizatio	n(s) by hay	/ina		
				anization vested in the sa			-		-		
		0	st complete Part IV,					ge the supp			
с				g organization operated	in connec	tion with	and functiona	llv integrate	ed with		
· ·		-	•). You must complete I				ny mograce	ia mai,		
d	··	0	()(porting organization oper		,	,	rted organi:	zation(s)		
				zation generally must sat				-			
				nplete Part IV, Sections							
е	·			written determination fro				II. Type III			
		•		nally integrated supporti			JI , JI	, ,,			
f		per of supported	orgonizationa	, , , , , , , , , , , , , , , , , , , ,							
gl	Provide the foll	owing informatio	n about the supporte						-		
	(i) Name of s		(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
	organiza	ition		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions		
								_			

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	A (Form 990) 2022
Part II	Support Sch

CENTER FOR LAW AND SOCIAL POLICY

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8867178.	11051557.	836,922.	12063696.	14304255.	47123608.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8867178.	11051557.	836,922.	12063696.	14304255.	47123608.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						19329542.
6	Public support. Subtract line 5 from line 4.						27794066.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		11051557.		12063696.	14304255	
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,608.	19,682.	6,375.	3,296.	67,226.	108,187.
۵	Net income from unrelated business		1970020	0,0,0	572500	0//2200	100/10/1
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•	5,763.	38,078.	5,240.		3,043.	52,124.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	5,705.	50,070.	5,240.			47283919.
	Gross receipts from related activities,		200			12	=/205515
	First 5 years. If the Form 990 is for th			fourth or fifth tox y			
13							
Sec	organization, check this box and stor ction C. Computation of Publi				<u></u>		·····
	Public support percentage for 2022 (I		-	olump (f))		14	58.78 %
	Public support percentage for 2022 (i Public support percentage from 2021					15	49.13 %
	33 1/3% support test - 2022. If the c						
104							V
L	stop here. The organization qualifies		-		line 15 is 22 1/20/		
U	33 1/3% support test - 2021. If the c						
47-	and stop here. The organization qual				12 160 or 16b		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
1-	meets the facts-and-circumstances te	-		• • • •		IZa and lina 15 ia	
a	10% -facts-and-circumstances test	0					
	more, and if the organization meets the						
18	organization meets the facts-and-circu Private foundation. If the organizatio		•				
10	The organization. In the organization			a, 100, 17a, 01 17k	, oneon this box a		 (Form 990) 2022
							IL JIII JUULL

232022 12-09-22

qualify under the tests listed	below, please comp	olete Part II.)				
Section A. Public Support					1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	3					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	I	1		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
c Add lines 10a and 10b						
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.)						
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2022	(line 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	17	%				
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the	ne organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and lir	ne 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2021. If th	e organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/39	%, and
line 18 is not more than 33 1/3%, ch	eck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organizati	on
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	
232023 12-09-22					Schedu	Ile A (Form 990) 2022

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

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

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Schedule A (Form 990) 2022

2022.05000 CENTER FOR LAW AND SOCIAL CLASP_1

23-7000150 Page 3

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

Schedule A (Form 990) 2022 CENTER FOR LAW AND SOCIAL POLICY Part IV Supporting Organizations (continued)

1

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	1	
b	A family member of a person described on line 11a above? 11k		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 110	:	
Sec	ion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	ion C. Type II Supporting Organizations		
		Yes	No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D	. All Type III Supporting Organizations

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

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 (s	C	on 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* **line 3** *below.*

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

1							
Sect	All other Type III non-functionally integrated supporting organizations mu ion A - Adjusted Net Income	st complete s	Sections A through E. (A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
Ū	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
0	Aujusted Net Income (subtract lines 3, 6, and 7 from line 4)			(P) Current Veer			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
-	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see			

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

Schedule A (Form 990) 2022

23-7000150 Page 6

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 CENTER FOR LAW AND SOCIAL POLICY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Iu	Type in Non Tunetionally integrated 505(allo) oupporting orga	inzations (continu	lea)	
Sect	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	CENTER	FOR LA	W AND	SOCIAL	POLICY	23-7000150 Page 8
Part VI	Supplemental I Part IV, Section A, I line 1; Part IV, Secti	nes 1, 2, 3b, 3c, 4b on D, lines 2 and 3;	4c, 5a, 6, 9a Part IV, Secti	1, 9b, 9c, 11 on E, lines ⁻	a, 11b, and 1 ⁻ 1c, 2a, 2b, 3a,	Ic; Part IV, Section and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, a 1; Part V, Section B, line 1e; Part V, y additional information.

Schedule A (Form 990) 2022

232028 12-09-22

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2022

Employer identification number

	CENTER FOR LAW AND SOCIAL POLICY	23-7000150
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ion is covered by the General Rule or a Special Rule .	
Note: Unly a section 50	11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule). See instructions.
General Rule		

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule D (10111 330) (2022)	
Name of organization	

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Part I

CENTER FOR LAW AND SOCIAL POLICY

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 613,750. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 2 X Person Payroll 475,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 350,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 X Person Payroll 925,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 550,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 600,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

Employer identification number

23-7000150

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CENTER	FOR	LAW	AND	SOCIAL	POLICY

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Part I	CONTRIBUTORS (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$500,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Page **2**

Employer identification number

23-7000150

Part I		(See instructions.)	
		[
		\$	
(a) No.	(1-)	(c)	(-1)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
			-
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honousil property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honousil property given	(See instructions.)	Date received
		\$	
(a)	4 ·	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Decemption of Honough property given	(See instructions.)	
		—	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	
		\\$	
223453 11-15-22		*	

CENTER FOR LAW AND SOCIAL POLICY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Name of organization

(a)

No.

from

Employer identification number

(d)

Date received

23 - 7000150

(c)

FMV (or estimate)

(See instructions.)

Schedule B (Form 990) (2022)

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Schedule I	B (Form 990) (2022)		Page 4				
Name of o	rganization		Employer identification number				
CENTE	R FOR LAW AND SOCIAL PO	LICY	23-7000150				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in secti through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
223454 11-15	5-22		Schedule B (Form 990) (2022)				

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^{2022.05000} CENTER FOR LAW AND SOCIAL CLASP_1

SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047	
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527					2022		
	_	f the organization is described					
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for i				Open to Public Inspection	
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lin	ne 46 (Political Camp	aign Acti	ivities), then	
.,.,		plete Parts I-A and B. Do not cor	•				
		1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Par	t I-B.		
Section 527 organization	•	•					
		Form 990, Part IV, line 4, or Fo nave filed Form 5768 (election un					
	•	ave NOT filed Form 5768 (election dif		•	•		
		Form 990, Part IV, line 5 (Proxy	·	<i>"</i>			
Tax) (See separate inst				,	,		
 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.					
Name of organization						er identification number	
		FOR LAW AND SOCIA				23-7000150	
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c) o	or is a section 52	27 orgai	nization.	
		ation's direct and indirect politica					
2 Political campaign	,						
3 Volunteer hours for	political campai	gn activities					
Part I-B Comple	ete if the ora	anization is exempt unde	er section 501(c)(3	3).			
		ncurred by the organization under		- /-	\$		
	•	ncurred by organization manage					
		1 4955 tax, did it file Form 4720 f					
b If "Yes," describe ir	n Part IV.						
Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),	except section 5	501(c)(3).	
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt funct	ion activities	\$		
2 Enter the amount o	f the filing organi	zation's funds contributed to oth	er organizations for se	ection 527			
exempt function ac	tivities				\$		
•	•	Add lines 1 and 2. Enter here ar					
					\$		
00							
		ployer identification number (EIN	, ,	•			
		ion listed, enter the amount paid omptly and directly delivered to a					
		additional space is needed, provi			sparate se	Service fund of a	
	. ,	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political	
				filing organizatio		ontributions received and	
				funds. If none, ent		promptly and directly	
						delivered to a separate political organization.	
						If none, enter -0	
				1			

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 Part II-A Complete if the org	CENTER	FOR 1	LAW AND SOCI	IAL POLICY		000150 Page 2			
section 501(h)).	anization	i is exeri	ipt under section		eu Form 5700 (eie	ction under			
	tion belongs	s to an affil	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,			
expenses, and shar	e of excess	lobbying e	xpenditures).						
B Check if the filing organization	tion checke	d box A an	d "limited control" pro	visions apply.					
	ts on Lobby ditures" me		ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to influ			recorded labby ing)						
 b Total lobbying expenditures to influ 	-				25,045.				
c Total lobbying expenditures (add lin					25,045.				
d Other exempt purpose expenditure					10,155,501.				
e Total exempt purpose expenditures					10,180,546.				
f Lobbying nontaxable amount. Ente		,			659,027.				
If the amount on line 1e, column (a) of			oying nontaxable amo						
Not over \$500,000			he amount on line 1e.						
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.					
Over \$1,000,000 but not over \$1,50		\$175,00	0 plus 10% of the exce	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.					
Over \$17,000,000		\$1,000,0	000.						
g Grassroots nontaxable amount (en	ter 25% of li	ne 1f)			164,757.				
h Subtract line 1g from line 1a. If zero	-				0.				
i Subtract line 1f from line 1c. If zero					0.				
j If there is an amount other than zer		line 1h or l	ne 1i, did the organiza	tion file Form 4720	г	—			
reporting section 4911 tax for this			·		L	Yes No			
(Some organizations th	nat made a	section 50	raging Period Under 01(h) election do not h 1te instructions for lin	nave to complete all o	of the five columns be	low.			
	Lobby	ing Exper	ditures During 4-Yea	r Averaging Period	1				
Calendar year (or fiscal year beginning in)	(a) 20	019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a Lobbying nontaxable amount	636	,986.	582,489.	615,642.	659,027.	2,494,144.			
b Lobbying ceiling amount (150% of line 2a, column(e))						3,741,216.			
c Total lobbying expenditures	98	,387.	69,787.	76,142.	25,045.	269,361.			
d Grassroots nontaxable amount	159	,247.	145,622.	153,910.	164,757.	623,536.			
e Grassroots ceiling amount (150% of line 2d, column (e))						935,304.			
f Grassroots lobbying expenditures		978.	1,056.			2,034.			

Schedule C (Form 990) 2022

232042 11-08-22

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a) Yes No		(t	(b)	
	e lobbying activity.			Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	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					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(-)/5				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(C)(5), or sec	tion		
	501(c)(6).			Vee	Na	
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion		
i ui	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."		• •		3, is	
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
	expenses for which the section 527(f) tax was paid).					
а	Current year		. 2a			
	Carryover from last year					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Provi	de 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 a	nd 2 (Saa		

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.

Schedule C (Form 990) 2022

232043 11-08-22

SCHEDULE D (Form 990)	Supplemental Finance Complete if the organization answe Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructio
Name of the organization	

OMB No. 1545-0047

90		Supplementa	al Financial Statements		OMB No. 1545-0047
	SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,				2022
(1011	11 330)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZZ
	ment of the Treasury I Revenue Service		Attach to Form 990. 0 for instructions and the latest informatior	•	Open to Public Inspection
	e of the organizati				ployer identification number
Ham	CENTER FOR LAW AND SOCIAL POLICY				23-7000150
Pa	rt I Organiza		d Funds or Other Similar Funds or	Accour	
		on answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5			writing that the assets held in donor advised f	unds	
	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be use		
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose cont	ferring	
	impermissible priv	/ate benefit?			Yes 🗌 No
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7	
1		servation easements held by the organization			
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a h	istorically	important land area
	Protection of	of natural habitat	Preservation of a c	ertified hi	storic structure
	Preservation	n of open space			
2	Complete lines 2a	a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conserva	tion easement on the last
	day of the tax yea	ır.			Held at the End of the Tax Year
а	Total number of c	onservation easements		. 2a	
b	Total acreage rest	tricted by conservation easements		. 2b	
с	Number of conser	rvation easements on a certified historic stru	ucture included in (a)	. 2c	
d	Number of conser	rvation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure I	listed in the National Register		. 2d	
3	Number of conser	rvation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization	during the tax
	year				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	ation have a written policy regarding the per	riodic monitoring, inspection, handling of		
	,	forcement of the conservation easements if			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation ease	ements during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easemen	ts during the year
_					
8			re satisfy the requirements of section 170(h)(4)		
-	and section 170(h				
9			on easements in its revenue and expense stat		
			note to the organization's financial statements	that desc	cribes the
Pa		counting for conservation easements.	f Art, Historical Treasures, or Othe	r Simila	r Assets
I U		if the organization answered "Yes" on Form			i Addeta.
		· · · · ·			haatwarka
Ia	•	· •	8, not to report in its revenue statement and t		
			blic exhibition, education, or research in furthe	ance of	public
L	· •		ncial statements that describes these items.	noo cho-i	tworks of
b	•	· •	8, to report in its revenue statement and bala		
		· ·	exhibition, education, or research in furthera	nce of pu	DIIC SERVICE,
	•	ing amounts relating to these items:			¢
					ֆ \$
2	. ,		asures, or other similar assets for financial gai		·
2	-	unts required to be reported under FASB A	· · · · · · · · · · · · · · · · · · ·	n, provide	ى
	and ronowing arrow	anto required to be reported under FAOD A	So oou rolating to these items.		

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

a Revenue included on Form 990, Part VIII, line 1

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Sche		FOR LAW AND						23-70			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, or	Other	r Similaı	r Assets	contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the	following that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ւ 🛄 հ	oan or exc	change progra	m					
b	Scholarly research	e		ther							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	how the	y further t	he organizatio	n's exen	npt purpo:	se in Part	XIII.		
5	During the year, did the organization solicit of		,		,	r similar	assets		_		-
	to be sold to raise funds rather than to be m		<u>u</u>						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	on answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tai	ble:					Amount		
	2 · · · · ·								Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •				
Par											
		(a) Current year		ior year	(c) Two years		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									-	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administere	ed for th	е		r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	<u>u</u>	wment fui	nds.							
T ai	Complete if the organization answere) Dart IV	line 11a 9	See Form 990	Dart V	line 10				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	a	(d) Bool	(value	9
1a	Land										
b	Buildings										
с	Leasehold improvements			10)1,517.		19,52	28.	81	L,98	89.
d	Equipment										
-	Other				34,015.		195,19			<u>3,8</u> :	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columr	<u>n (B), line 1</u>	10c.)				17(),8(16.

Schedule D (Form 990) 2022

(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1) DEPOSITS			49,466.
(2) RIGHT OF USE ASSETS			5,288,244.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	line 15.)		5,337,710.
Complete if the organization answered "Ye	os" on Form 000 Part IV line	110 or 11f Soo Form 000 Part X line 2	5
(a) Description of lightlity			(b) Book value
1. (a) Description of hability (1) Federal income taxes			
(2) LEASE OBLIGATIONS			5,722,491.
(3)			5,,22,151
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.)		5,722,491.
2. Liability for uncertain tax positions. In Part XIII, prov			
organization's liability for uncertain tax positions un			

232053 09-01-22

CENTER FOR LAW AND SOCIAL POLICY Schedule D (Form 990) 2022 Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

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Schedule D (Form 990) 2022

	edule D (Form 990) 2022 CENTER FOR LAW AND SOCIAL PO					7000150) Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With Rev	venue p	er Retu	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements				1	17,344	<u>4,739.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	38,5	13.			
b	Donated services and use of facilities	2b		_			
с	Recoveries of prior year grants	2c					
d		2d					
е	Add lines 2a through 2d				2e	38	<u>3,513.</u>
3	Subtract line 2e from line 1			L	3	17,306	5,226.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b				4c		0.
С							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				5	17,300	5,226.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	s With Ex	penses	per Re	•		5,226.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With Ex	penses	per Re	eturi	n.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	s With Ex	penses	per Re	•		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With Ex	penses	per Re	eturi	n.	
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s With Ex	penses	per Re	eturi	n.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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	s With Ex	penses	per Re	eturi	n.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a	penses	per Re	eturi	n.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses	2a2b	penses	per Re	eturi	n.	
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	(penses	per Re	1 2e	n.	0,546.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Describe in Part XIII.)	2a 2b 2c 2d	(penses	per Re	1	n.	0,546.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	(penses	per Re	1 2e	n.	0,546.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) T XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Butract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	(penses	per Re	1 2e	n.	0,546.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c 2d	(penses	per Re	1 2e	n.	0,546.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) TXIII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d 4a 4b	(penses	per Re	1 2e	n. 10,180	0,546. 0. 0,546. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	(penses	per Re	1 2e 3	n.	0,546. 0. 0,546. 0.

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

PART X, LINE 2:

CLASP IS EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAXES OTHER THAN NET

UNRELATED BUSINESS INCOME BY THE INTERNAL REVENUE SERVICE UNDER THE

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 232054 09-01-22 Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CENTER FOR LAW AND SOCIAL POLICY 23-7000150 Page 5 Part XIII Supplemental Information (continued) 23-7000150 Page 5
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 UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX
EXPENSE.
Schedule D (Form 990) 2022
232055 09-01-22

232055 09-01-22

SCHEDULE I		Grants and Oth	ner Assistand	ce to Organ	izations.		OMB No. 1545-0047			
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Attach to Form 990.										
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection										
Name of the organization CENTER FO	R LAW ANI) SOCIAL POL	ICY				Employer identification number $23 - 7000150$			
Part I General Information on Grants a			-							
1 Does the organization maintain records t	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	 on			
criteria used to award the grants or assis	stance?	-					X Yes No			
2 Describe in Part IV the organization's pro										
Part II Grants and Other Assistance to recipient that received more than S	•				anization answered "Y	′es" on Form 990, Parl	IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
							PROVIDE SUPPORT TO THE			
CHILDREN AT RISK							CHILDREN THRIVE ACTION			
56 E WILLOW ST							NETWORKS STATE ADVOCACY			
CARLISLE , PA 17013	76-0360533	501(C)(3)	30,000.	0.			GROUP			
							SUPPORT IN COMBATING THE			
EVERY TEXAN							HARMFUL EFFECTS OF THE			
7020 EASY WIND DRIVE SUITE 200							PUBLIC CHARGE RULE TO			
AUSTIN, TX 78752	74-2898197	501(C)(3)	100,000.	0.			ENSURE IMMIGRANTS AND			
							TO WORK COLLABORATIVELY			
FAMILY FORWARD OREGON							WITH CLASP TO RECOMMEND			
P.O. BOX 15146							ADVOCACY AND EDUCATION			
PORTLAND, OR 97293	80-0436735	501(C)(3)	12,500.	0.			STRATEGIES			
							TO WORK COLLABORATIVELY			
MAKE THE ROAD NEVADA							WITH CLASP TO RECOMMEND			
4250 E BONANZA RD STE 14							ADVOCACY AND EDUCATION			
LAS VEGAS, NV 89110	84-3988830	501(C)(3)	25,000.	0.			STRATEGIES			
							TO WORK COLLABORATIVELY			
NATIONAL DOMESTIC WORKERS ALLIANCE							WITH CLASP TO RECOMMEND			
45 BROADWAY, SUITE 320							ADVOCACY AND EDUCATION			
NEW YORK, NY 10006	35-2420942	501(C)(3)	12,500.	0.			STRATEGIES			
							TO WORK COLLABORATIVELY			
							WITH CLASP TO RECOMMEND			
11 DUPONT CIRCLE SUTIE 800				-			ADVOCACY AND EDUCATION			
WASHINGTON, DC 20036	52-1213010	501(C)(3)	212,500.	0.			STRATEGIES			
2 Enter total number of section 501(c)(3) a	0	•	e line 1 table				9.			
3 Enter total number of other organizations	s listed in the line	1 table					0.			

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) CENTER FOR LAW AND SOCIAL POLICY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO WORK COLLABORATIVELY
EW MEXICO VOICES FOR CHILDREN							WITH CLASP TO RECOMMEND
25 SILVER AVENUE, SW, STE 195							ADVOCACY AND EDUCATION
LBURQUERQUE, NM 87102	85-0348301	501(C)(3)	12,500.	0.			STRATEGIES
							TO WORK COLLABORATIVELY
OWER COALITION FOR EQUITY AND							WITH CLASP TO RECOMMEND
USTICE - 735 N. WATER STREET,							ADVOCACY AND EDUCATION
UITE 550 - MILWAUKEE, WI 53202	52-1759564	501(C)(3)	12,500.	0.			STRATEGIES
							TO WORK COLLABORATIVELY
ELA							WITH CLASP TO RECOMMEND
900 GONZALES ST							ADVOCACY AND EDUCATION
USTIN, TX 78702	27-2451077	501(C)(3)	25,000.	0.			STRATEGIES
						1	

Schedule I (Form 990)

Schedule I (Form 990) 2022

23-7000150

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.									
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.

PART II, LINE 1, COLUMN (H):

Schedule I (Form 990) CENTER FOR LAW AND SOCIAL POLICY Part IV Supplemental Information	23-7000150 Page 2
NAME OF ORGANIZATION OR GOVERNMENT: EVERY TEXAN	
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT IN COMBATING TH	IE HARMFUL
EFFECTS OF THE PUBLIC CHARGE RULE TO ENSURE IMMIGRANTS AND	THEIR FAMILIES
RECEIVE SUPPORT	
	Schedule I (Form 990)

232291 04-01-22

SCI	IEDULE J	Compensation Information		1	OMB No. 1	545-004	47
(Foi	For certain Officers, Directors, Trustees, Key Employees, and Highest			20	7 7)	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			20		-	
Depar	ment of the Treasury	Attach to Form 990.	v, iine 23.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest infor			Inspe		
Nam	e of the organizatior			Employer i			mber
_		CENTER FOR LAW AND SOCIAL POLICY		23-7	000150)	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person liste		990,			
		line 1a. Complete Part III to provide any relevant information regarding these item					
	First-class or c						
	Travel for com		•				
		ation and gross-up payments Health or social club dues or in					
	Discretionary s	spending account Personal services (such as ma	lid, chautteur	r, chet)			
h.							
a	•	on line 1a are checked, did the organization follow a written policy regarding payr			41		
0		rovision of all of the expenses described above? If "No," complete Part III to expl			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all o			2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	۲		2		
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the org	appization's				
5			-	n to			
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						
	X Independent compensation consultant X Compensation survey or study						
	X Form 990 of o			mmittee			
			pensation co	mmillee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fil	lina				
•	organization or a re						
а	•				4a		x
						Х	
		size any manual future and any its based as manual time any and a second se			4-		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	j						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c	ompensatior	า			
	contingent on the re		·				
а	•				5a		X
		ation?					X
		r 5b, describe in Part III.					
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c	ompensatior	า			
	contingent on the n	et earnings of:					
а	a The organization?				6a		X
	b Any related organization?						X
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	d payments				
		es 5 and 6? If "Yes," describe in Part III			7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was s					
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part			8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in	ı				
	Regulations section	53.4958-6(c)?			9		
LHA		eduction Act Notice, see the Instructions for Form 990.			ule J (Form	n 990)	2022

232111 10-18-22

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ELIZABETH LOWER-BASCH	(i)	169,828.	0.	0.	0.	39,389.	209,217.	0.	
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BARBARA SEMEDO	(i)	181,458.	0.	0.	0.	24,128.	205,586.	0.	
DEPUTY DIR., POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) INDIVAR DUTTA-GUPTA	(i)	162,383.	0.	0.	0.	38,282.	200,665.	0.	
PRESIDENT AND EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) AKOSUA MEYERS	(i)	152,968.	0.	0.	0.	39,935.	192,903.	0.	
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) WENDY CERVENTAS	(i)	153,680.	0.	0.	0.	33,163.	186,843.	0.	
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) TOM SALYERS	(i)	154,022.	0.	0.	0.	23,272.	177,294.	0.	
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) CORMEKKI WHITLEY	(i)	145,213.	0.	0.	0.	17,345.	162,558.	0.	
CHIEF OPERATING OFFICER (8/12-7/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 4B:

AKOSUA MEYERS RECEIVED A \$6,000 BONUS. EACH STAFF PERSON RECEIVED A 4

PERCENT CONTRIBUTION TO THEIR 430B, AND MEDICAL, DENTAL, VISION, SHORT TERM

AND LONG-TERM DISABILITY BENEFITS

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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



CENTER FOR LAW AND SOCIAL POLICY

Employer identification number 23-7000150

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POLICY SOLUTIONS TO IMPROVE THE LIVES OF PEOPLE WITH LOW INCOMES. WE

DEVELOP PRACTICAL YET VISIONARY STRATEGIES FOR REDUCING POVERTY,

PROMOTING ECONOMIC OPPORTUNITY, AND ADDRESSING INSTITUTIONAL AND RACIAL

BARRIERS FACED BY PEOPLE OF COLOR. WITH OVER 50 YEARS' EXPERIENCE AT

THE FEDERAL, STATE, AND LOCAL LEVELS, WE'RE ADVANCING A BOLD VISION FOR

THE FUTURE ROOTED IN ECONOMIC SECURITY AND RACIAL EQUITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOPLE OF COLOR.

WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL LEVELS,

WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC

SECURITY AND RACIAL EQUITY.

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

EDUCATION, LABOR AND WORKER JUSTICE

CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NONPARTISAN,

ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE LIVES

OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VISIONARY

STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORTUNITY, AND

ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOPLE OF COLOR.

WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL LEVELS,

WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC

SECURITY AND RACIAL EQUITY

EXPENSES \$ 1,434,037. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

Name of the organization CENTER FOR LAW AND SOCIAL POLICY	Employer identification number 23-7000150
IMMIGRATION	
CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NO	NPARTISAN,
ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPRO	VE THE LIVES
OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VISI	ONARY
STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORT	UNITY, AND
ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOP	LE OF COLOR.
WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND	LOCAL LEVELS,
WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECO	NOMIC
SECURITY AND RACIAL EQUITY	
EXPENSES \$ 1,017,164. INCLUDING GRANTS OF \$ 35,000. REV	ENUE \$ 0.

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 20212 10-28-22 UPDATING SALARIES DEVELOPED BY AN EXTERNAL CONSULTANT IN 2014 AND AGAIN IN BOARD THEN REVIEWED AND APPROVED THE OVERALL COMPENSATION PLAN. THE MINUTES CONTRIBUTION INCREASE FOR THE EXECUTIVE DIRECTOR BASED ON THE COMPARABILITY

CHART OF PEER ORGANIZATIONS CONDUCTED IN NOVEMBER 2019.

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

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, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

501,220.

Schedule O (Form 990) 2022

DIRECTORS EVEN THOUGH THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM.

BASED ON A COMPARABILITY CHART OF PEER ORGANIZATIONS AND A PROCESS FOR

CENTER FOR LAW AND SOCIAL POLICY

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

Schedule O (Form 990) 2022

Name of the organization

2017, THE BOARD CHAIR REVIEWED THE EXECUTIVE DIRECTOR'S SALARY. THE FULL 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

Schedule O (Form 990) 2022 Name of the organization CENTER FOR LAW AND SOCIAL POLICY	Page 2 Employer identification number 23-7000150
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,587,529.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,587,529.

Schedule O (Form 990) 2022

232212 10-28-22