

** 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

Inspection

Department of the Treasury Internal Revenue Service

AF	or the	e 2023 calendar year, or tax year beginning and and a	ending					
B c a	heck if pplicabl	C Name of organization D Employer identification number						
	Addre] chang Name	E CENTER FOR LAW AND SOCIAL POLICY		00 70001	- 0			
	_chang	e Doing business as		23-70001				
	return	,	Room/suite					
	Final return termin			(202) 90	5-8004			
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,895,380.			
	return	WASHINGTON, DC 20005		H(a) Is this a group re				
	Applic tion pendii	F Name and address of principal officer: OLIVIA GOLDEN		for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
<u> </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 exemption				
		organization: 🔀 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: CENTE	ER FOR	LAW AND SOC	CIAL POLICY			
nce D		(CLASP) IS A NATIONAL, NONPARTISAN, ANTI-	POVERI	Y NONPROFIT	ADVANCING			
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	21			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20			
8 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	70			
Activities &	6	Total number of volunteers (estimate if necessary)		6	20			
cti		7 a Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_ <					0.			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		17,255,680.	7,394,903.			
Revenue	9	Program service revenue (Part VIII, line 2g)		18,790.	209,700.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,713.	270,834.			
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,043.	19,943.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,306,226.	7,895,380.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		476,000.	529,100.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,486,028.	7,500,520.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
be		Total fundraising expenses (Part IX, column (D), line 25) 689,00	05.					
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,218,518.	2,433,763.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,180,546.	10,463,383.			
	19	Revenue less expenses. Subtract line 18 from line 12		7,125,680.	-2,568,003.			
or			Be	ginning of Current Year	End of Year			
Assets Balanc		Total assets (Part X, line 16)		25,852,817.	23,063,796.			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	21	Total liabilities (Part X, line 26)		6,324,014.	5,906,815.			
Fund		Net assets or fund balances. Subtract line 21 from line 20		19,528,803.	17,156,981.			
Pa		Signature Block	•		•			
L Local								

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

Sign	Signature of officer			Date				
-	OLIVIA GOLDEN, INTERIM PF	RESIDENT AND EXECUTIVE	E DIR					
	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 CENTE	RAL AVE, SUITE 250						
OWINGS MILLS, MD 21117 Phone no. (410)584-006								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) CENTER FOR LAW AND SOCIAL POLICY	23-7000150	Page <b>2</b>
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	. <u></u>	Х
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 OF DECRIF NITH LOW INCOMES. WE DEVELOD DRACHICAL YER VIS	ROVE THE LIVE	IS
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL YET VIS STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPO		
2	Did the organization undertake any significant program services during the year which were not listed on the	RIONIII, MD	
-	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.		ld
4a	(Code:) (Expenses \$ 2,050,259. including grants of \$ 57,000. ) (Rever YOUTH :	nue \$	)
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,	NONPARTISAN	
	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	-	<u>.</u>
		ID LOCAL LEVEI	
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN E	CONOMIC	
	SECURITY AND RACIAL EQUITY		
4b	(Code:) (Expenses \$ 1,480,143. including grants of \$ 175,000. ) (Rever POVERTY AND INCOME SUPPORT PROGRAMS:	nue \$	)
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,	NONDARTICAN	
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMP		25
		SIONARY	
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPO		
	ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PE		<del>.</del>
	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.		
4c	(Code:) (Expenses \$ 1,595,684. including grants of \$ 212,500. ) (Rever	nue\$9,	5 <b>50.</b> )
	CHILD CARE AND EARLY EDUCATION		
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL,		
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMP		<u>IS</u>
	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		, מנ
	SECURITY AND RACIAL EQUITY	CONOMIC	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 3,056,399. including grants of \$ 84,600.) (Revenue \$	)	
4e	Total program service expenses 8,182,485.		
		Form <b>9</b>	<b>90</b> (2023)
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 Form 990 (2023)
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 Part IV
 Checklist of Required Schedules
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			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		37	
_	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	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>	<b>-</b>		
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<b>•</b>		- 21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes, " complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u> </u>		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		X
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		<u>X</u>
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		<u>X</u>
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,			37
46	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		v
~~	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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Form	990	(2023)
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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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28		21		
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		<u> </u>
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 96		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c	х	
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Form	990 (2023) CENTER FOR LAW AND SOCIAL POLICY 23-7000	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 70			
	, , , , , , , , , , , , , , , , , , , ,	01	x	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	~	x
3a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?	- Sa - 3b		<u></u>
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	30		
48	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)?	40		х
h	If "Yes," enter the name of the foreign country	4a		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
59		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		6a		х
b	any contributions that were not tax deductible as charitable contributions?	Ua		
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'a	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
U	to file Form 8282?	7c		х
Ь		10		
e	It "Yes," indicate the number of Forms 8282 filed during the year	7e		
f		76 7f		
	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9 h				
8				
Ū	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the			
9	Sponsoring organizations maintaining donor advised funds.	8		
a	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:	0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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	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? <i>If "No," provide an explanation on Schedule O</i>	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		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 income?	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		
	If "Yes," complete Form 6069.			
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Form 990	(2023)
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<u>23-7000150</u> Page 6

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.

Check if Schedule O contains a response or note to any line in this Part VI	X
Section 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	21			
	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	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		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	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:			
а	The governing body?			8a	Х	
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 read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "}	,			v	
	on Schedule O how this was done			12c	X X	
13	Did the organization have a written whistleblower policy?			13	л Х	
14	Did the organization have a written document retention and destruction policy?			14	Δ	
15	Did the process for determining compensation of the following persons include a review and approva	ai by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0	Х	
	The organization's CEO, Executive Director, or top management official			15a	X	
a	Other officers or key employees of the organization			15b	Λ	
160	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 arranger	nont w	ith a			
104				16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and		-T (section 501(c)(3)s	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			,,		
	Own website X Another's website X Upon request Other (explain	n on Sc	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo GRAMMER FOR LAND GOOTAL DOLLARS (2002) 006 0000	oks and	l records			

7

CENTER	FOR LAW	AND	SOCIAL POLIC	<u> </u>	(202)	906-8004	
1310 L	STREET,	NW,	WASHINGTON,	DC	20005		

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Form **990** (2023)

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 VI

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.

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

(A)	(B)		(C)		(D)	(D) (E)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is officer and a director		s both	n an	compensation	compensation	amount of	
	week	-			reciu	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruster	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	Institutional trustee	L_	m ploy	st col	ar.	1000 1120/		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) INDIVAR DUTTA-GUPTA	40.00									
PRESIDENT & EXECUTIVE DIRECTOR		х		X				256,250.	Ο.	10,000.
(2) AKOSUA MEYERS	40.00									
PROGRAM DIRECTOR						Х		173,220.	0.	36,673.
(3) BARBARA SEMEDO	40.00									
DEPUTY EXECUTIVE DIR., COMMUNICATION					Х			190,368.	0.	18,042.
(4) ELIZABETH LOWER-BASCH	40.00									
DEPUTY EXECUTIVE DIR., POLICY					Х			187,074.	0.	16,568.
(5) WENDY CERVANTES	40.00									
DIRECTOR, IMMIGRATION AND IMMIGRANT						X		156,730.	0.	32,184.
(6) EDDIE MARTIN JR	40.00									
DEPUTY DIRECTOR OF RACIAL EQUITY					Х			180,047.	0.	7,400.
(7) DANA BAILEY	40.00									
CHIEF OPERATING OFFICER				Х				162,111.	0.	22,097.
(8) STEPHANIE SCHMIT	40.00									
DIRECTOR, CHILD CAREDIRECTOR, AND EAR						X		152,359.	0.	27,750.
(9) ANGELE PARKER	40.00									
DIRECTOR OF HUMAN RESOURCES						X		137,352.	0.	36,544.
(10) TOM SALYERS	40.00									
DIRECTOR, COMMUNICATIONS						X		149,489.	0.	23,332.
(11) DAVID HANSELL	1.00									
BOARD CHAIR (6/22 -PRESENT)		Х		X				0.	0.	0.
(12) SHERECE WEST-SCANTLEBURY	1.00									
BOARD MEMBER		х						0.	0.	0.
(13) CARISA STANLEY	1.00									-
BOARD MEMBER		х						0.	0.	0.
(14) JARRETT BARRIOS	1.00									-
BOARD MEMBER		х						0.	0.	0.
(15) JAMIRA BURLEY	1.00									-
BOARD MEMBER		х						0.	0.	0.
(16) MICHAEL CAMUNEZ	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(17) DONNA COOPER	1.00								-	<u> </u>
BOARD MEMBER		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form 990 (2023)

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8

	FOR LAW	ANI) S	<u> 0C</u>	IΑ	\mathbf{L}	PC	DLICY	23-7000	150 Page
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	(do		(C Posi neck r) ition nore son is) than o s both	one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Undividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) ANGELA DIAZ BOARD MEMBER	1.00	x						0.	0.	0.
(19) DAVID DODSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(20) STEVEN DOW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) PETER EDELMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) GENE NICHOL	1.00									
BOARD MEMBER		X						0.	0.	0.
(23) DENEA JOSEPH	1.00									
SECRETARY		X						0.	0.	0.
(24) SIMON LAZARUS	1.00									
BOARD MEMBER		x						0.	0.	0.
(25) SUNIL MANSUKHANI	1.00									
BOARD MEMBER		x						0.	0.	0.
(26) EDWARD MONTGOMERY	1.00									
BOARD MEMBER		x						0.	0.	0.
1b Subtotal	•							1,745,000.	0.	230,590.
c Total from continuation sheets to Pa								0.	0.	0.
_d Total (add lines 1b and 1c)								1,745,000.	0.	230,590.
2 Total number of individuals (including l									000 of reportable	· · ·
compensation from the organization						,		, ,		10
										Yes No
3 Did the organization list any former of										
line 1a? <i>If "Yes," complete Schedule J</i>For any individual listed on line 1a, is t										3 X
and related organizations greater than										4 X
5 Did any person listed on line 1a receive										
rendered to the organization? If "Yes, '	' complete Schedu	le J f	or su	ch r	bers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five higher	st compensated in	depe	nden	t co	ontra	actor	rs th	nat received more than \$	100,000 of compensation	ation from
the organization. Report compensation	n for the calendar y	ear e	endin	g wi	ith c	or wi	thin	the organization's tax y	ear.	
(A								(B)		(C)
Name and busi								Description of s	ervices	Compensation
CORMEKKI WHITLEY, 2958		RDI	NG				Þ	FINANCE AND		
AVENUE, HUNTERSVILLE, 1	NC 28078							ADMINISTRATI	VE CONSU	<u>110,327</u> .
							-			
	('							- la		
2 Total number of independent contract		iot lir	nited	τo t	nos. 1	se lis I	ted	above) who received mo	bre than	
\$100,000 of compensation from the or		יאדח		<u>n -</u>	T 1		न्न	EUC		- 000 /
SEE PART VII, SECT	TON A CON.	L.T.N	UA'	т.т(UN	5	пЕ	E.I.9		Form 990 (2023

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Form 990 CENTER FO	OR LAW A	ND) S	oc	IA	L	PO	LICY	23-700	0150		
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)			
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average				ition			Reportable	Reportable	Estimated		
	-	(cl	(check all that apply)					compensation	compensation	amount of		
	per							from	from related	other		
	week (list any	or				Highest com pen sated em ployee		the organization	organizations (W-2/1099-MISC)	compensation from the		
	hours for	Individual trustee or director				d em l		(W-2/1099-MISC)	(00-2/1099-00130)	organization		
	related	ee or	stee			nsate				and related		
	organizations	trust	Institutional trustee		Key employee	ompei				organizations		
	below	idual	tution	er	em plc	est co	er			0		
	line)	Indiv	Insti	Officer	Key	High	Former					
(27) ANNIE BURNS	1.00											
BOARD VICE CHAIR (9/21-PRESENT)		Х		Х				0.	0.	0.		
(28) JOHN M. BOUMAN	1.00											
BOARD MEMBER		Х		Х				0.	0.	0.		
(29) ALEXANDRA CAWTHORNE-GAINES	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(30) ERICA WILLIAMS	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(31) JEWEL MULLEN	1.00											
BOARD MEMBER		Х						0.	0.	0.		
		1										
		1										
		1										
		1										
		L										
		L										
		•										
	1	l	I			I						
Total to Part VII, Section A, line 1c												
								I	I	<u> </u>		

332201 04-01-23

			Statement of Rev								
			Check if Schedule O c	contains	s a respoi	onse or	note to any lin	e in this Part VIII	(B)	(C)	[] (D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
6 6	4		Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	•							-			
<u> </u>			Fundraising events								
fts,											
nila n			Government grants (contri								
Sin			All other contributions, gifts,								
her			similar amounts not included			7,3	94,903.				
o tri			Noncash contributions included in I								
and		-						7,394,903.			
							Business Code				
Ð	2	а	CONTRACT REVE	NUE			900099	170,850.	170,850.		
Program Service Revenue		b	PROGRAM REVEN	UE			900099	29,300.			
Ser		с	HONORARIUM				900099	9,550.	9,550.		
eve		d									
ъ́ве		е									
Ā		f	All other program service	revenue	,						
			Total. Add lines 2a-2f					209,700.			
	3		Investment income (includ	ding divi	dends, ir	nterest	, and				
		other similar amounts)						270,834.			270,834.
	4		Income from investment o	of tax-ex	empt bor	nd pro	ceeds				
	5		Royalties								
					(i) Real		(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				(¹) Others				
	7	а	Gross amount from sales of) Securiti	les	(ii) Other				
			assets other than inventory	7a							
			Less: cost or other basis								
Revenue			and sales expenses	7b 7c							
eve			Gain or (loss)	· · · ·							
ж В			Net gain or (loss) Gross income from fundraisin								
Othe	0		including \$								
0			contributions reported on								
			Part IV, line 18	-		8a					
			,			8b					
			Net income or (loss) from t								
			Gross income from gamin		0						
			Part IV, line 19			9a					
						9b					
		с	Net income or (loss) from			s					
	10	а	Gross sales of inventory, le	ess retu	irns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales of	inventor	ry					
s							Business Code				
e e	11	а	MISCELLANEOUS	REV	ENUE	<u> </u>		19,943.			19,943.
Miscellaneous Revenue		b				_					
Sev		С				_					
Mis			All other revenue								
			Total. Add lines 11a-11d					<u>19,943.</u> 7,895,380.	209,700.	0.	290,777.
	12	-21-2	Total revenue. See instructio	лıs					209,100.		Form 990 (2023)

CENTER FOR LAW AND SOCIAL POLICY

332009 12-21-23

Form 990 (2023)

11

23-7000150 Page 9

Form 990 (2023)

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).

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Program service Management and 16, 8b, 9b, and 10b of Part VIII. 1 Frants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 529,100. 529,100. 529,100. 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 5 Compensation of current officers, directors, trustees, and key employees 1,744,655. 1,396,000. 226,850 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) 4,307,287. 3,510,857. 495,795 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 202,421. 161,969. 26,320 9 Other employee benefits 13,022. 3,516. 9,246 475,210. 384,920. 57,025 11 Fees for services (nonemployees): 13,022. 3,516. 9,246 24,79,246 24,79,246 24,	expenses 0. 121,805. 0. 121,805. 0. 14,132. 0. 14,132. 0. 33,265. 0. 260.
Dot include and Outs Reported On lines OD, 75, 89, 99, and 10b of Part Vill. Total expenses Program service expenses Management and general expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 529,100. 529,100. 100 2 Grants and other assistance to domestic individuals. See Part IV, line 22 529,100. 529,100. 100 3 Grants and other assistance to domestic organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 100 100 100 100 226,850 4 Benefits paid to or for members 5 1,744,655. 1,396,000. 226,850 5 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8) 4,307,287. 3,510,857. 495,795 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 202,421. 161,969. 26,320 9 Other employee benefits 770,947. 615,832. 101,943 10 Payroli taxes 13,022. 3,516. 9,246 117,399. 31,698. 83,353 4 Dobping 117,399. 1607,027. 188,247	Fundraising expenses
and domestic governments. See Part IV, line 21 529,100. 529,100. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Image: Compensition of current officers, directors, trustees, and key employees 5 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(B) 1,744,655. 1,396,000. 226,850 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(B) 4,307,287. 3,510,857. 495,795 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) 202,421. 161,969. 26,320 9 Other employee benefits 770,947. 615,832. 101,943 10 Payroll taxes 475,210. 384,920. 57,025 11 Fees for services (nonemployees): a Management 13,022. 3,516. 9,246 12 Advertising and promotion 117,399. 31,698. 83,353 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024. 607,027. 188,247 <	5. 300,635. 0. 14,132. 3. 53,172. 5. 33,265. 5. 260.
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 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) 7 Other salaries and wages 9 Other employee benefits 10 Payroll taxes 11 T3,022. 3,516. 9,246 117,399. 31,698. 8 Professional fundraising services. See Part IV, line 17 1 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 8 607,027. 12 Advertising and promotion	5. 300,635. 0. 14,132. 3. 53,172. 5. 33,265. 5. 260.
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 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0) 8 63, 024. 607, 027. 12 Advertising and promotion	5. 300,635. 0. 14,132. 3. 53,172. 5. 33,265. 5. 260.
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Image: Compensation of current officers, directors, trustees, and key employees 4 Benefits paid to or for members Image: Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages Image: Componentiation of current officers, directors, trustees, and key employees 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Image: Componentiation of the employee benefits 9 Other employee benefits Image: Componentiation of the employee contributions) 9 Other employee benefits Image: Componentiation of the employee contributions) 9 Other employee benefits Image: Componentiation of the employee contributions) 9 Other employee benefits Image: Componentiation of the employee contributions) 9 Other employee benefits Image: Componentiation of the employee contributions) 9 Description of the employee contributions Image: Componentiation of the employee contributions of the employee conthemployee contremployee contributions of the	5. 300,635. 0. 14,132. 3. 53,172. 5. 33,265. 5. 260.
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 164Benefits paid to or for members5Compensation of current officers, directors, trustees, and key employees6Compensation not included above to disgualified persons described in section 4958(c)(3)(B)7Other salaries and wages8Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)9Other employee benefits10Payroll taxes11Fees for services (nonemployees): a ManagementbLegalcAccountingdLobbyingeProfessional fundraising services. See Part IV, line 17 ffInvestment management feesgOther. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)12Advertising and promotion	5. 300,635. 0. 14,132. 3. 53,172. 5. 33,265. 5. 260.
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion	5. 300,635. 0. 14,132. 3. 53,172. 5. 33,265. 5. 260.
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 7, 287. 12 Advertising and promotion	5. 300,635. 0. 14,132. 3. 53,172. 5. 33,265. 5. 260.
5 Compensation of current officers, directors, trustees, and key employees 1,744,655. 1,396,000. 226,850 6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 4,307,287. 3,510,857. 495,795 7 Other salaries and wages 4,307,287. 3,510,857. 495,795 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 202,421. 161,969. 26,320 9 Other employee benefits 770,947. 615,832. 101,943 475,210. 384,920. 57,025 11 Fees for services (nonemployees): a Management 117,399. 31,698. 83,353 9 Other. employee consployees): 117,399. 31,698. 83,353 117,399. 31,698. 83,353 10 Debying 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024. 607,027. 188,247	5. 300,635. 0. 14,132. 3. 53,172. 5. 33,265. 5. 260.
trustees, and key employees 1,744,655. 1,396,000. 226,850 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,744,655. 1,396,000. 226,850 7 Other salaries and wages 4,307,287. 3,510,857. 495,795 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 202,421. 161,969. 26,320 9 Other employee benefits 770,947. 615,832. 101,943 10 Payroll taxes 475,210. 384,920. 57,025 11 Fees for services (nonemployees): 13,022. 3,516. 9,246 a Management 13,022. 3,516. 9,246 b Legal 13,022. 3,516. 9,246 c Accounting 117,399. 31,698. 83,353 d Lobbying 9 9 9 9 9 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024. 607,027. 188,247	5. 300,635. 0. 14,132. 3. 53,172. 5. 33,265. 5. 260.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,307,287.3,510,857.495,795 7 Other salaries and wages 4,307,287.3,510,857.495,795 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 202,421.161,969.26,320 9 Other employee benefits 770,947.615,832.101,943 10 Payroll taxes 475,210.384,920.57,025 11 Fees for services (nonemployees): 475,210.384,920.57,025 a Management 13,022.3,516.9,246 b Legal 13,022.3,516.9,246 c Accounting 117,399.31,698.83,353 d Lobbying 9 e Professional fundraising services. See Part IV, line 17 9 f Investment management fees 9 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024.607,027.188,247	5. 300,635. 0. 14,132. 3. 53,172. 5. 33,265. 5. 260.
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,307,287.3,510,857.495,795 7 Other salaries and wages 4,307,287.3,510,857.495,795 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 202,421.161,969.26,320 9 Other employee benefits 770,947.615,832.101,943 10 Payroll taxes 475,210.384,920.577,025 11 Fees for services (nonemployees): 475,210.384,920.577,025 a Management 13,022.3,516.9,246 b Legal 117,399.31,698.833,353 d Lobbying 9 e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024.607,027.188,247	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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7 Other salaries and wages 4,307,287.3,510,857.495,795 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 202,421.161,969.26,320 9 Other employee benefits 770,947.615,832.101,943 10 Payroll taxes 475,210.384,920.57,025 11 Fees for services (nonemployees): 475,210.384,920.57,025 a Management 13,022.3,516.9,246 b Legal 13,022.3,516.9,246 c Accounting 117,399.31,698.83,353 d Lobbying 9 e Professional fundraising services. See Part IV, line 17 11 f Investment management fees 9 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024.607,027.188,247	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 202,421. 161,969. 26,320 9 Other employee benefits 770,947. 615,832. 101,943 10 Payroll taxes 475,210. 384,920. 57,025 11 Fees for services (nonemployees): 475,210. 384,920. 57,025 11 Fees for services (nonemployees): 13,022. 3,516. 9,246 12 Advertising and promotion 100 fline 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024. 607,027. 188,247	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
section 401(k) and 403(b) employer contributions) 202,421. 161,969. 26,320 9 Other employee benefits 770,947. 615,832. 101,943 10 Payroll taxes 475,210. 384,920. 57,025 11 Fees for services (nonemployees): 475,210. 384,920. 57,025 a Management 13,022. 3,516. 9,246 c Accounting 117,399. 31,698. 83,353 d Lobbying 9 9 9 9 9 f Investment management fees 9 9 9 9 9 1161,969. 100,943 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024. 607,027. 188,247 12 Advertising and promotion 10 10 10 10 10 10	5. <u>33,265</u> . 5. <u>260</u> .
9 Other employee benefits 770,947. 615,832. 101,943 10 Payroll taxes 475,210. 384,920. 57,025 11 Fees for services (nonemployees): 475,210. 384,920. 57,025 a Management 13,022. 3,516. 9,246 b Legal 117,399. 31,698. 83,353 d Lobbying 0 0 0 0 e Professional fundraising services. See Part IV, line 17 117,399. 31,698. 83,353 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024. 607,027. 188,247 12 Advertising and promotion 0 0 0 0 0	5. 33,265.
10 Payroll taxes 475,210. 384,920. 57,025 11 Fees for services (nonemployees): 475,210. 384,920. 57,025 a Management 13,022. 3,516. 9,246 b Legal 13,022. 3,516. 9,246 c Accounting 117,399. 31,698. 83,353 d Lobbying 9 e Professional fundraising services. See Part IV, line 17 11 f Investment management fees 9 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024. 607,027. 188,247 12 Advertising and promotion 10	5. 33,265.
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion	5. 260.
a Management 13,022. 3,516. 9,246 b Legal 13,022. 3,516. 9,246 c Accounting 117,399. 31,698. 83,353 d Lobbying	260.
b Legal 13,022. 3,516. 9,246 c Accounting 117,399. 31,698. 83,353 d Lobbying	5. 260.
c Accounting 117,399.31,698.83,353 d Lobbying 117,399.31,698.83,353 e Professional fundraising services. See Part IV, line 17 1 f Investment management fees 0 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024.607,027.188,247 12 Advertising and promotion 1	200.
d Lobbying	3. 2,348.
 e Professional fundraising services. See Part IV, line 17 f Investment management fees	2,540.
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 863,024. 607,027. 188,247 12 Advertising and promotion	
column (A), amount, list line 11g expenses on Sch 0.)863,024.607,027.188,24712Advertising and promotion	
12 Advertising and promotion	7. 67,750.
	• • • • • • • • • • • • • • • • • • • •
13 Office expenses 95,092. 28,448. 62,894	3,750.
13 Chice expenses 3370321 2071101 0270321 14 Information technology 60,000. 16,200. 42,600	
15 Royalties	
16 Occupancy 659,825. 534,458. 79,179	9. 46,188.
17 Travel 82,759. 67,159. 13,365	
18 Payments of travel or entertainment expenses	· · · · ·
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings 209,164 . 135,689 . 45,671	L. 27,804.
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 102,891. 83,342. 12,347	7. 7,202.
23 Insurance 22,700. 18,387. 2,724	1,589.
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.)	
a SUBSCRIPTION AND PUBLIC 96,642. 15,585. 78,817	7. 2,240.
b DUES AND REGISTRATIONS 21,615. 14,811. 5,398	3. 1,406.
c PRINTING AND DUPLICATIO 15,582. 9,531. 5,274	1. 777.
d	
e All other expenses 74,048. 17,956. 54,845	
25 Total functional expenses. Add lines 1 through 24e 10, 463, 383. 8, 182, 485. 1, 591, 893	689,005.
26 Joint costs. Complete this line only if the organization	
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation.	
Check here if following SOP 98-2 (ASC 958-720)	

12

332010 12-21-23

10411122 138138 CLASP

2023.05000 CENTER FOR LAW AND SOCIAL CLASP_1

Form 990 (2023)

Part X Balance Sheet

CENTER FOR LAW AND SOCIAL POLICY

23-7000150 Page 11

		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
		· · · · · ·			(A)		(B)
					Beginning of year		End of year
	1			·····	4,207,521.	1	1,712,467.
	2	Savings and temporary cash investments			4,325,436.	2	4,375,847.
	3	Pledges and grants receivable, net			1,430,000.	3	1,585,000.
	4	Accounts receivable, net			145,950.	4	69,415.
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges		195,238.	9	137,367.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	390,866.			
	b	Less: accumulated depreciation	10b	283,600.	170,806.	10c	107,266.
	11	Investments - publicly traded securities	10,040,156.	11	10,204,665.		
	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			5,337,710.	15	4,871,769.
	16	Total assets. Add lines 1 through 15 (must equ			25,852,817.	16	23,063,796.
	17	Accounts payable and accrued expenses			601,523.	17	629,880.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
es	22	Loans and other payables to any current or form					
ii ti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	. Complete Part X	F F00 401		
		of Schedule D		······ -	5,722,491.	25	5,276,935.
	26				6,324,014.	26	5,906,815.
S		Organizations that follow FASB ASC 958, che	eck here	e X			
JCe		and complete lines 27, 28, 32, and 33.			12 420 200		12 507 520
alar	27			13,420,390.	27	13,587,530.	
Ä	28	Net assets with donor restrictions		6,108,413.	28	3,569,451.	
Fund Balances		Organizations that do not follow FASB ASC 9	58, che	ck here			
노		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or	31	Retained earnings, endowment, accumulated in			10 500 000	31	17 156 001
Ne	32				19,528,803.	32	17,156,981.
	33	Total liabilities and net assets/fund balances			25,852,817.	33	23,063,796.

Form **990** (2023)

332011 12-21-23

Form	990 (2023) CENTER FOR LAW AND SOCIAL POLICY	23-	7000150	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 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	7,895 10,463 -2,568 19,528	3,3 3,0 3,8	83. 03. 03. 81.			
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	17,156	5,9	81.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
1 2a	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 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		-	Yes	No X			
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		<u>2</u> b	x				
	 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 							
за	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?				x			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000				

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

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Nan	ne or i	ne organization ្ពាសាបា		AND GOCTAL I		7			3 - 7000150				
Pa	rt I	Reason for Public (AND SOCIAL					3-7000130				
1 1	lorgan	ization is not a private found					()(A)(;)						
2	\square	A church, convention of chi A school described in sect					I)(A)(I).						
2	\square					(L)(1)(A)(;;	::)						
4	H	A hospital or a cooperative A medical research organiz						iiii) Enter	the hospital's name				
4		city, and state:		ijuneton wara nospitar	acsenbed	- Sectio			the hospital s hame,				
5		An organization operated for	or the benefit of a col	lege or university owned	l or operati	ed by a do	vernmental un	it describe	n d in				
J		section 170(b)(1)(A)(iv). (C			or operation	ou oy u ge							
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)						
	X	An organization that norma	-					e general r	oublic described in				
•		section 170(b)(1)(A)(vi). (C			onn a gore			general					
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)								
9	\square					ed in coniu	unction with a la	and-orant	colleae				
-		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
		university:	, , ,	,		, ,	,	5					
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	o fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	fter June 30, 1975.				
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carı	ry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	5 09(a)(2) .	See section 5	09(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and ⁻	12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typ	oically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	ctors or trustee	s of the su	ipporting				
		organization. You must o	-										
b		Type II. A supporting org	-				•		-				
		control or management o			ame perso	ns that co	ntrol or manage	e the supp	ported				
		organization(s). You mus											
C		J Type III functionally inte					-	/ integrate	d with,				
		its supported organization		-									
c		J Type III non-functionally						-					
		that is not functionally int			•		-	an attentiv	eness				
		requirement (see instructi											
e		Check this box if the orga functionally integrated, or					турет, турет	, type iii					
f	Ente	er the number of supported of											
c		vide the following information	•	d organization(s).									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)				
Tota	al												

Schedule A (Form 990) 2023 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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>11051557.</u>	836,922.	12063696.	14304255.	7565753.	45822183.
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	11051557.	836,922.	12063696.	14304255.	7565753.	45822183.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						17685050.
6	Public support. Subtract line 5 from line 4.						28137133.
Sec	ction B. Total Support	_		_			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	11051557.	836,922.	12063696.	<u>14304255.</u>	7565753.	45822183.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	19,682.	6,375.	3,296.	67,226.	270,834.	367,413.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	38,078.	5,240.		3,043.		66,304.
11	Total support. Add lines 7 through 10						46255900.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop					<u></u>	
Sec	ction C. Computation of Publi	ic Support Per	centage			r - r	
	Public support percentage for 2023 (I		-			14	60.83 %
	Public support percentage from 2022					15	58.78 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	•					
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
_	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	0				-	10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circl		-		•		
18	Private foundation. If the organization	on ala not check a	box on line 13, 16	a, 160, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

	(Complete only if you checked	the box on line 10) of Part I or if the o	organization failed	to qualify under P	art II. If the organiz	ation fails to
	qualify under the tests listed b	elow, please comp	olete Part II.)				
Se	ction A. Public Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	Т	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			-		
80	check this box and stop here	a Support Dor	oontago				
				(f)			
	Public support percentage for 2023 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2022 ction D. Computation of Inves					16	%
				no 12 oclumn (f))		17	%
17	Investment income percentage from					18	<u>%</u> %
18 19:	a 33 1/3% support tests - 2023. If the			on line 14 and line			
198							
L	more than 33 1/3%, check this box ar 3 3 1/3% support tests - 2022. If the						
Ľ	••	•				-	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
3320	23 12-21-23	T UIU HUL CHECK A	50A OF INC 14, 19	a, or roo, oneok li	IIS DUN AITU SEE ITIS		
5520	20 12-21-20		17				

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

23-7000150 Page 3

10411122 138138 CLASP

Schedule A (Form 990) 2023

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1

2

3a

Yes No

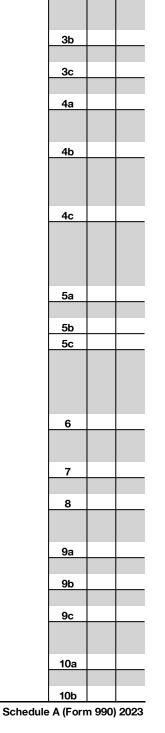
Part IV Supporting Organizations

(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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18

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			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 "No," describe in</i> Part VI <i>how the supported organization(s)</i> 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 support of the organization and the support of the organization and the organiz	,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			

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

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	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>		i col uunny inc year	1000 1100 000

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

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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Schedule A (Form 990) 2023 Part IV Supporting Organizations (continue

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19

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						
	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								

Schedule A (Form 990) 2023

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instructions).

Schedule A (Form 990) 2023

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

			1001101100	<u></u>	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		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	es of supported organizations	;	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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.				
7					
7	Excess distributions carryover to 2024. Add lines 3j and 4c				
8	and 4c. Breakdown of line 7:				
	Excess from 2019				
	Excess from 2019				
	Excess from 2020				
	Excess from 2022				
	Excess from 2022 Excess from 2023				
~					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023				SOCIAL		23-7000150 Page
Part VI	line 1; Part IV, Section A, II Section D, lines 5, 6	nes 1, 2, 3b, 3c, 4b, on D, lines 2 and 3; l	4c, 5a, 6, Part IV, Se	9a, 9b, 9c, 1 ction E, lines	1a, 11b, and 1 1c, 2a, 2b, 3a,	and 3b; Part V, Sectio	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V, any additional information.
	(See instructions.)						
00000 15 5							Cabadula A /Fauna 000) 00
32028 12-21-2	3				22		Schedule A (Form 990) 20

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

CENTER F	OR	LAW	AND	SOCIAL	POLICY
<u>•==:==:</u>					

23-7000150

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

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

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

General Rule

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

Special Rules

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

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

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

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).

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

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,010,000.</u>	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
2		\$ <u>400,000.</u>	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
3	, , , , , , , , , , , , , , , , ,	\$ <u>1,646,750.</u>	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
4		\$ <u>298,791.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$330,000.	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
6		\$ <u>275,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Employer identification number

23-7000150

10411122 138138 CLASP

CENTER FOR LAW AND SOCIAL POLICY

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

		1	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>550,000.</u>	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
<u>8</u> .		\$ <u>1,500,000.</u>	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
9		\$200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$200,000.	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
		\$148,925.	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
12	3	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Employer identification number

23-7000150

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
		\$	
323453 12-26-23			Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023) Name of organization

(a)

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

10411122 138138 CLASP

Employer identification number

23 - 7000150

(c)

Page 3

26

2023.05000 CENTER FOR LAW AND SOCIAL CLASP__1

Schedule E	B (Form 990) (2023)				Page 4
Name of o	rganization			Employer identification n	number
	R FOR LAW AND SOCIAL PO	LICY		23-7000150	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)			(c)(7), (8), or (10) that total more than \$1,000 for t panizations	the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	00 or less for the	e year. (Enter this info. once.)	
(a) No.	Use duplicate copies of Part III if additional				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer (of gift		
			_		
ŀ	Transferee's name, address, a	na ZIP + 4	Ke	elationship 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	Re	elationship of transferor to transferee	
		_			
(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 gift		
	Transformala normal address a	ad 7 1D - 4	D		
ŀ	Transferee's name, address, a	na ZIP + 4	Ke	elationship of transferor to transferee	
		_			
323454 12-26	3-23	1		Schedule B (Form 9	90) (2023)

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27 2023.05000 CENTER FOR LAW AND SOCIAL CLASP_1

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Nan	ne of organization	Emplo	over identification number				
	CENTER FOR LAW AND SOCIAL POLICY		23-7000150				
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 52	7 org	anization.				
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.						
2	Political campaign activity expenditures	\$					
3	Volunteer hours for political campaign activities						
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).						
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$					
2	Enter the amount of any excise tax incurred by organization managers under section 4955						
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes No				
4a	a Was a correction made?		Yes No				
k	o If "Yes," describe in Part IV.						
Pa	art I-C Complete if the organization is exempt under section 501(c), except section 50	01(c)	(3).				
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$					
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527						
	exempt function activities	. \$					
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,						
	line 17b	. \$					
4	Did the filing organization file Form 1120-POL for this year?		Yes No				
5	Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to	which	the filing organization				
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political						
	contributions received that were promptly and directly delivered to a separate political organization, such as a sep	parate	segregated fund or a				
	political action committee (PAC). If additional space is needed, provide information in Part IV.						
	(a) Name (b) Address (c) EIN (d) Amount paid fr		(e) Amount of political				
	filing organization		contributions received and				
	funds. If none, ente	r -U	promptly and directly delivered to a separate				
			political organization.				

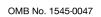
28

Schedule C (Form 990) 2023

If none, enter -0-.

LHA 332041 11-06-23

2023.05000 CENTER FOR LAW AND SOCIAL CLASP__1



23 ΖU Open to Public Inspection

Sch		R FOR LAW AND SOCIAL POLICY		000150 Page 2					
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under								
	section 501(h)).								
Α	Check if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	d group member's name	e, address, EIN,					
	expenses, and share of exces	s lobbying expenditures).							
В	Check if the filing organization check	ed box A and "limited control" provisions apply.							
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals					
1:	a Total lobbying expenditures to influence publ	ic opinion (grassroots lobbying)							
ł	Total lobbying expenditures to influence a leg	jislative body (direct lobbying)	4,631.						
	Total lobbying expenditures (add lines 1a and	1 1b)	4,631.						
(d Other exempt purpose expenditures		10,458,752.						
	e Total exempt purpose expenditures (add line	s 1c and 1d)	10,463,383.						
t	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	673,169.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	not over \$500,000,	20% of the amount on line 1e.							
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.							
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.							
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.							
	over \$17,000,000,	\$1,000,000.							
ę	g Grassroots nontaxable amount (enter 25% of	line 1f)	168,292.						
I	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.						
i	Subtract line 1f from line 1c. If zero or less, en	nter -0-	0.						
	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_						
	reporting section 4911 tax for this year?			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.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
2a Lobbying nontaxable amount	582,489.	615,642.	659,027.	673,169.	2,530,327.			
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					3,795,491.			
c Total lobbying expenditures	69,787.	76,142.	25,045.	4,631.	175,605.			
d Grassroots nontaxable amount	145,622.	153,910.	164,757.	168,292.	632,581.			
e Grassroots ceiling amount (150% of line 2d, column (e))					948,872.			
f Grassroots lobbying expenditures	1,056.				1,056.			

Schedule C (Form 990) 2023

332042 11-06-23

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	each "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 not be 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 501(c)(6).	1 501(C)(5), or sec	tion		
	501(0)(0).			Yes	No	
				Tes	NU	
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?		2			
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) or sec	tion		
. 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 political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
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 (see		

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) 2023

332043 11-06-23

SCHEDULE D	Supplemental
(Form 990)	Complete if the organi
. ,	Part IV, line 6, 7, 8, 9, 10, ⁻
Department of the Treasury	Att

l Financial Statements

zation answered "Yes" on Form 990. 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

23-7000150

Internal Revenue Service Name of the organization

(Fc

Part I

CENTER FOR LAW AND SOCIAL POLICY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a 2c С Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023 332051 09-28-23 31

2023.05000 CENTER FOR LAW AND SOCIAL CLASP 1

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Par	t III Organizations Maintaining C	Collections of Ar	t, Histori	cal Tre	easures, or	[·] Othe	r Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check an	y of the	following that	make si	ignificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d			change progra						
b	Scholarly research	e	Oth Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	how they t	urther th	he organizatio	n's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, histor	ical trea	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		te if the org	anizatio	n answered "	res" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1 a	Is the organization an agent, trustee, custod		•					_	_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	e:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	•								7		
	Did the organization include an amount on F						ity?		Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete in								<u></u>		<u> </u>
1 41		(a) Current year	(b) Prior		(c) Two year		(d) Three y	ears hack	(e) Fou	vears	hack
10	Paginning of year balance	(a) ourrent year		ycar		3 DUCK			(0) 1 001	yours	buok
1a ⊾	Beginning of year balance										
u o	Contributions										
C d	Net investment earnings, gains, and losses										
	Grants or scholarships Other expenditures for facilities										
е											
f	and programs Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the cur	rent year end balance	line 1 a c	olumn (a)) held as:						
a	Board designated or quasi-endowment		%	Junn (a							
h	Permanent endowment	%	_/0								
c	Term endowment	<u> </u>									
Ū	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		tion that ar	e held a	nd administer	ed for th	e				
	organization by:								1	Yes	No
	0								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent									
	Complete if the organization answere	ed "Yes" on Form 990	, Part IV, lir	e 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	d	(d) Boo	k value	Э
1a	Land										
b	Buildings										
с	Leasehold improvements			10)1,517.		28,23	31.	7	3,28	36.
	Equipment										
	Other			28	39,349.		255,36	59.		3,98	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. line 10c.	column	(B))				10	7,20	56.
								.			

Schedule D (Form 990) 2023

(2) Closely held equity interests			
(2) Closely held equity interests(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)			
Part VIII Investments - Program Related			
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)	<u> </u>		
Part IX Other Assets	<u>)</u>		
Complete if the organization answered "Y	Ves" on Form 990 Part IV line	11d See Form 990 Part X line 15	
	(a) Description		(b) Book value
(1) DEPOSITS			<u>49,466.</u> 4,822,303.
(2) RIGHT OF USE ASSETS			4,822,303.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15	5, col. (B))		4,871,769.
Part X Other Liabilities			
Complete if the organization answered "	/es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE OBLIGATIONS			5,276,935.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25			5,276,935.
2. Liability for uncertain tax positions. In Part XIII, pro			

Schedule D (Form 990) 2023

23-7000150 Page 3

332053 09-28-23

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CENTER FOR LAW AND SOCIAL POLICY Schedule D (Form 990) 2023 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)		

	edule D (Form 990) 2023 CENTER FOR LAW AND SOCIAL				7000150 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		·	
1				1	8,091,561.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	J		196,181.		
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	196,181.
3	Subtract line 2e from line 1			3	7,895,380.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
v	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990 Part 1 line 12)			5	7,895,380.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		7,895,380. n
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 Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Retur	n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		7,895,380. n 10,463,383.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt 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:	ents With	Expenses per F	Retur	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 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 F	Retur	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 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 F	Retur	n
5 Pa 1 2	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 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	ents With	Expenses per F	Retur	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.) Total 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	ents With	Expenses per F	Retur	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.) Total 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 2d	Expenses per F	Retur	n 10,463,383. 0.
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 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 2a 2b 2c 2d	Expenses per F	letur	n 10,463,383.
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 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 2a 2b 2c 2d	Expenses per F	Retur	n 10,463,383. 0.
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 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:	ents With	Expenses per F	Retur	n 10,463,383. 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) T 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:	ents With 2a 2b 2c 2d 4a	Expenses per F	Retur	n 10,463,383. 0.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) T 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 2c 2d 4a 4b	Expenses per F	Retur	n 10,463,383. 0. 10,463,383. 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 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.)	ents With 2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	n 10,463,383. 0. 10,463,383.

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) 2023

10411122 138138 CLASP

332054 09-28-23

34

2023.05000 CENTER FOR LAW AND SOCIAL CLASP__1

Schedule D (Form 990) 2023 CENTER FOR LAW AND SOCIAL POLICY 23-7000150 Page 5 Part XIII Supplemental Information (continued)
DECEMBER 31, 2023 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, 2023, THE STATUTE OF
LIMITATIONS FOR TAX YEARS 2019 THROUGH 2023 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.
332055 09-28-23 Schedule D (Form 990) 2023

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, an	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047	
Department of the Treasury	Comp		Attach to Form				Open to Public	
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection	
Name of the organization	R LAW AND	SOCIAL POL	ICY				Employer identification number 23-7000150	
Part I General Information on Grants a								
criteria used to award the grants or assis 2 Describe in Part IV the organization's pro-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No							
Part II Grants and Other Assistance to I	•				anization answered "Y	'es" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
BLUEPRINT NORTH CAROLINA: BUILDING EQUITABLE ECONOMIC SUPPORTS IN THE SOUTH - PO BOX 607 - DURHAM, NC 27702	27-2459538	501 (C) (3)	75,000.	0.			TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES	
CHILDREN AT RISK 56 E WILLOW ST CARLISLE, PA 17013	76-0360533	501 (C) (3)	10,000.	0.			PROVIDE SUPPORT TO THE CHILDREN THRIVE ACTION NETWORKS STATE ADVOCACY GROUP	
COMMUNITY ORGANIZING AND FAMILY ISSUES: PLANNING PROCESS FOR CTAN PARENT FELLOWS - 2245 SOUTH MICHIGAN AVENUE, SUITE 200 -	36-4044632	501 (C) (3)	25,000.	0.			TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES	
MAINE PEOPLE'S RESOURCE CENTER PO BOX 2490 AUGUSTA, ME 04330	22-2586108	501 (C) (3)	20,000.	0.			TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES	
MISSISSIPPI LOW INCOME CHILD CARE INITIATIVE - PO BOX 204 - BILOXI, MS 39533	64-0943403	501 (C) (3)	50,000.	0.			TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES	
SPRINGBOARD TO OPPORTUNITIES: BUILDING ECONOMIC SUPPORTS IN THE SOUTH - 518 E CAPITOL STREET - JACKSON, MS 39201	46-1917760	501 (C) (3)	50,000.	0.			TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND ADVOCACY AND EDUCATION STRATEGIES	
2 Enter total number of section 501(c)(3) and	nd government or	ganizations listed in the	e line 1 table			•	7.	

3 Enter total number of other organizations listed in the line 1 table

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

CENTER FOR LAW AND SOCIAL POLICY Schedule I (Form 990)

Page 1

23-7000150

(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
HE CHILDREN'S PARTNERSHIP:							TO WORK COLLABORATIVELY
HILDREN THRIVE ACTION NETWORK -							WITH CLASP TO RECOMMEND
11 WILSHIRE BLVD, STE 1000 - LOS							ADVOCACY AND EDUCATION
NGELES, CA 90017	46-4106389	501 (C) (3)	10,000.	0.			STRATEGIES

Schedule I (Form 990)

ON THE FRAMEWORK FOR THE OVERALL PROJECT AGREED ON WITH THE FUNDER(S).

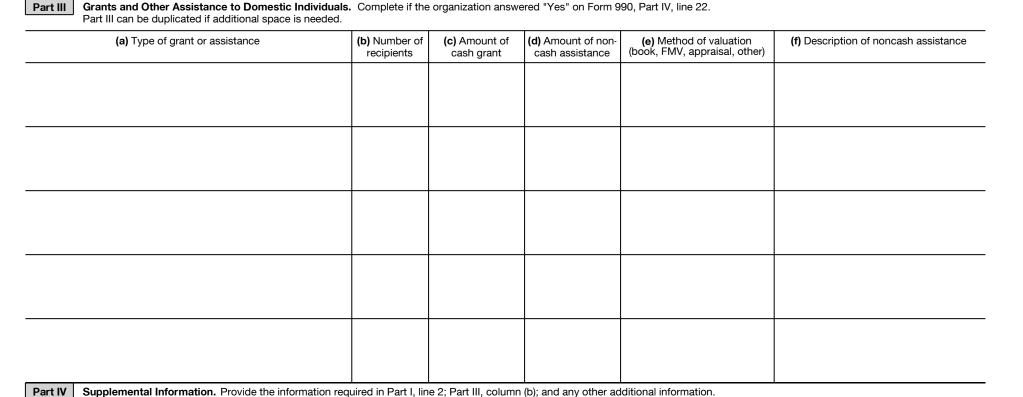
PROGRAM STAFF HAVE REGULAR DISCUSSIONS WITH THE GRANTEE ABOUT THE PROGRESS

THE ORGANIZATION PROVIDES THE TERMS OF THE AGREEMENT TO THE GRANTEE, BASED

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) 2023

PART I, LINE 2:

Page 2

SC	HEDULE J	Compensation Information		OMB No. 1	1545-00	47	
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99)	
		Compensated Employees		20	Ľ٦)	
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	lic	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nam	e of the organization	1		identificatio		mber	
		CENTER FOR LAW AND SOCIAL POLICY	23-	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	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		S				
	Discretionary s	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					
				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			
~							
3	-	iy, 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						
		ompensation consultant X Compensation survey or study					
	X Form 990 of o	ther organizations	committee				
4	During the year dia	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
4	organization or a re						
а	-	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?			Х	<u> </u>	
		eive payment from an equity-based compensation arrangement?				x	
•	-	les 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 compensation	n				
	contingent on the r						
а	•			5a		X	
		ation?				X	
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the n	et earnings of:					
а	The organization?			6a		X	
		ation?				X	
	If "Yes" on line 6a c	r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		ies 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		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?					
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)) 2023	

LHA 332111 11-06-23

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred benefits (D) Nontaxable ((E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) INDIVAR DUTTA-GUPTA	(i)	256,250.	0.	0.	0.	10,000.	266,250.	0.
PRESIDENT & EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AKOSUA MEYERS	(i)	173,220.	0.	0.	0.	36,673.	209,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA SEMEDO	(i)	190,368.	0.	0.	0.	18,042.	208,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH LOWER-BASCH	(i)	187,074.	0.	0.	0.	16,568.	203,642.	0.
DEPUTY EXECUTIVE DIR., POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WENDY CERVANTES	(i)	156,730.	0.	0.	0.	32,184.	188,914.	0.
DIRECTOR, IMMIGRATION AND IMMIGRANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EDDIE MARTIN JR	(i)	180,047.	0.	0.	0.	7,400.	187,447.	0.
DEPUTY DIRECTOR OF RACIAL EQUITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANA BAILEY	(i)	162,111.	0.	0.	0.	22,097.	184,208.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEPHANIE SCHMIT	(i)	152,359.	0.	0.	0.	27,750.	180,109.	0.
DIRECTOR, CHILD CAREDIRECTOR, AND EAR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANGELE PARKER	(i)	137,352.	0.	0.	0.	36,544.	173,896.	0.
DIRECTOR OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TOM SALYERS	(i)	149,489.	0.	0.	0.	23,332.	172,821.	0.
DIRECTOR, COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

CENTER FOR LAW AND SOCIAL POLICY

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) 2023

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

IMMIGRATION --

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 42

Name of the organization

Employer identification number 23-7000150

POLICY CROSS CUTTING --

EXPENSES \$ 3,056,399. INCLUDING GRANTS OF \$ 84,600. REVENUE \$ 0.

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

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM IN CONSULTATION WITH THE ORGANIZATION'S MANAGEMENT. THE AUDIT COMMITTEE THOROUGHLY REVIEWED THE FORM 990 AND ADVISED MANAGEMENT IF THERE WERE ANY ISSUES THAT NEED TO BE ADDRESSED BEFORE FILING. A DRAFT OF FORM 990 WAS SENT TO EACH DIRECTOR FOR REVIEW. THE BOARD RECEIVED A FINAL COPY PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION REVIEWS ITS CONFLICT OF INTEREST POLICY ANNUALLY. THE BOARD CHAIR AND EXECUTIVE DIRECTOR (ED) WITH THE BOARD, MONITOR POTENTIAL BOARD CONFLICTS. THE ED AND THE CHIEF OPERATING OFFICER REVIEW ANY CONCERNS WITH KEY STAFF AND THE CHIEF OPERATING OFFICER REVIEWS ANY CONCERNS WITH THE EXECUTIVE DIRECTOR. IF THE BOARD CHAIR/ED DETERMINE THAT A POTENTIAL CONFLICT OF INTEREST COULD AFFECT A CONTRACT OR TRANSACTION, THE BOARD GATHERS ALL MATERIAL FACTS AS TO THE RELATIONSHIP OR INTEREST AND AS TO THE CONTRACT OR TRANSACTION AND CAN, IN GOOD FAITH, AUTHORIZE THE CONTRACT OR TRANSACTION BY THE AFFIRMATIVE VOTES OF A MAJORITY OF THE DISINTERESTED DIRECTORS EVEN THOUGH THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM.

FORM 990, PART VI, SECTION B, LINE 15: BASED ON A COMPARABILITY CHART OF PEER ORGANIZATIONS AND A PROCESS FOR UPDATING SALARIES DEVELOPED BY AN EXTERNAL CONSULTANT IN 2014 AND AGAIN IN 2017, THE BOARD CHAIR REVIEWED THE EXECUTIVE DIRECTOR'S SALARY. THE FULL BOARD THEN REVIEWED AND APPROVED THE OVERALL COMPENSATION PLAN. THE MINUTES Schedule O (Form 990) 2023 332212 11-14-23 43

10411122 138138 CLASP

2023.05000 CENTER FOR LAW AND SOCIAL CLASP_1

Schedule O (Form 990) 2023	Page 2
Name of the organization CENTER FOR LAW AND SOCIAL POLICY	Employer identification number $23 - 7000150$
INCLUDE A REFERENCE TO THIS PROCESS. THE EXECUTIVE DIRECTOR	R'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 A	ND WAS NOT
INCREASED. IN JULY 2021, THE BOARD APPROVED A SALARY AND R	ETIREMENT
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, O	R, 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.

332212 11-14-23

** 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

Inspection

Department of the Treasury Internal Revenue Service

AF	or the	e 2023 calendar year, or tax year beginning and and a second seco	ending				
B c a	heck if pplicabl	e: C Name of organization		D Employer identific	cation number		
	Addre] chang Name	E CENTER FOR LAW AND SOCIAL POLICY		00 70001	- 0		
	_chang	e Doing business as		23-7000150			
	return	,	Room/suite				
	Final return termin			(202) 90	5-8004		
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,895,380.		
	return	WASHINGTON, DC 20005		H(a) Is this a group re			
	Applic tion pendii	F Name and address of principal officer: OLIVIA GOLDEN		for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> </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 exemption			
		organization: 🔀 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: CENTE	ER FOR	LAW AND SOC	CIAL POLICY		
nce D		(CLASP) IS A NATIONAL, NONPARTISAN, ANTI-	POVERI	Y NONPROFIT	ADVANCING		
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	21		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20		
8 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	70		
Activities &	6	Total number of volunteers (estimate if necessary)		6	20		
cti		Total unrelated business revenue from Part VIII, column (C), line 12		0.			
_ <					0.		
				Prior Year	Current Year		
ø	8	Contributions and grants (Part VIII, line 1h)		17,255,680.	7,394,903.		
Revenue	9	Program service revenue (Part VIII, line 2g)		18,790.	209,700.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,713.	270,834.		
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,043.	19,943.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,306,226.	7,895,380.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		476,000.	529,100.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,486,028.	7,500,520.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
be		Total fundraising expenses (Part IX, column (D), line 25) 689,00	05.				
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,218,518.	2,433,763.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,180,546.	10,463,383.		
	19	Revenue less expenses. Subtract line 18 from line 12		7,125,680.	-2,568,003.		
or			Be	ginning of Current Year	End of Year		
Assets Balanc		Total assets (Part X, line 16)		25,852,817.	23,063,796.		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	21	Total liabilities (Part X, line 26)		6,324,014.	5,906,815.		
Fund		Net assets or fund balances. Subtract line 21 from line 20		19,528,803.	17,156,981.		
Pa		Signature Block	•		•		
L Local							

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

Sign	Signature of officer			Date				
-	OLIVIA GOLDEN, INTERIM PF	RESIDENT AND EXECUTIVE	E DIR					
	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 CENTE	RAL AVE, SUITE 250						
	OWINGS MILLS, MD 21117 Phone no. (410) 584-0060							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🔲 No							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) CENTER FOR LAW AND SOCIAL POLICY 23-7000	)150	Page <b>2</b>
Pa	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, NONPART		
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE	<u>i LIVE</u>	is 📃
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL YET VISIONARY		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORTUNITY,	, AND	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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	XNo
	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 measured by e	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,050,259. including grants of \$57,000. ) (Revenue \$		)
	YOUTH :		
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NONPARTI		70
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE	7 TTAE	<u>۲-</u>
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VISIONARY		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORTUNITY, ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOPLE OF		<u> </u>
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL		
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC		, מנ
	SECURITY AND RACIAL EQUITY		
	SECONIII AND NACIAL EQUIII		
4b	(Code: ) (Expenses \$ 1,480,143. including grants of \$ 175,000. ) (Revenue \$		<u> </u>
70	POVERTY AND INCOME SUPPORT PROGRAMS:		)
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NONPART	SAN.	
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE		IS
	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		۲.
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL		
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC		
	SECURITY AND RACIAL EQUITY.		
4c	(Code:) (Expenses \$1, 595, 684. including grants of \$212, 500. ) (Revenue \$	9,5	5 <b>50.</b> )
	CHILD CARE AND EARLY EDUCATION		
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NONPART		
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE	<u>LIVE</u>	<u>15</u>
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VISIONARY		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORTUNITY,		
	ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOPLE OF		
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL	LEVEI	, צי
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC		
	SECURITY AND RACIAL EQUITY		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 3,056,399. including grants of \$ 84,600.) (Revenue \$	)	
4e	Total program service expenses8,182,485.		00
		Form 9	<b>90</b> (2023)
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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		_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
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
α	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	4.4%		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- ^ _
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- 23
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>–</b> "		
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
13		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
332003				(2023)

332003 12-21-23

Form	990	(2023)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X 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		х	
04-	Schedule J	23	Δ	<u> </u>
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	0.4		x
	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		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
		<u>24u</u>		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the voor? (6) (4) and (2) and (2) and (2) and (3) a	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	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>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
<b>D</b> -	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Par	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			$\square$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 96	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	1

332004 12-21-23

Form 990 (2023)

Part IV       Statements Regarding Other IRS Filings and Tax Compliance (continued)       Ves. No.         2a       Enter the number of enpryses reported on Form W3. Transmittal of Wage and TaxS Statements.       2a       X         b       If a test one is reported on line 2a, did the cognization file all required defail engineed test returns?       2a       X         b       If a test one is reported on line 2a, did the cognization file all required defail engineer on the admittance one of the origin country (such as a bank account, so other financial account)       4a       X         b       If Yas, "east the number of the foreign country (such as a bank account, so other financial account is other one admittance on the origin country admittance one admittance on the admittance one one of the origin country.       5a       X         c       If Yas, "east the number of the foreign country admittance one admittance transaction is admittance one in admittance on a solution on a paranaction that admittance one inspace one of the origin country admittance one one of the origin country admittance one one of the origin country admittance one one of the origin country of the origin country admittance one one one of the origin country of the origin coun	Form	990 (2023) CENTER FOR LAW AND SOCIAL POLICY 23-7000	150	Р	_{age} 5					
2a         Enter the number of employees reported on Form W/S, Transmittal of Wage and Tax Statements,         2a         70           b         If at least one in reported on line 2a, di bh organization file all required federal employment tax returns?         2b         X           b         If at least one in reported on line 2a, di bh organization file on orme or uning the war?         3b         X           b         If Yes, 'has if field a Form 900 T for this year? /f Yeo 'to line 3b, provide an explenation on Schedule O         3b         X           b         If Yes, 'has if field a Form 900 T for this year? /f Yeo 'to line 3b, provide an explenation on Schedule O         4a         X           b         If Yes, 'hast if field a Form 900 T for this year? /f Yeo 'to line 3b, provide an explenation on Schedule O         4a         X           b         If Yes, 'hast if field a form 900 T for this year? /f Yeo 'to line 3b, provide an explenation account (FBAR).         5a         X           5a         Was the organization have annual gross recepts that account systemet tax solution an explenation schedule 2a young and the organization have annual gross recepts that ac normally greater than \$100,000, and did the organization have annual gross recepts that ac normally greater than \$100,000, and did the organization schedule 3b)         7a         X           b         If Yes, 'india diret year year annual gross recepts that ac normally greater than \$100,000, and did the organization schedule 3b)         7a         X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
Telester       Telester       Telester       Telester         30       Def the organization have urrelated business gross income of \$1,000 or more during the year?       Telester       Telester <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No					
b       If a least one is responsed on line 2a. di the organization file all required teoral employment tax returns?       2b. X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       All ary time during the calendar year. did the organization have an interest in, or a signature or other nauthority over, a dination on Schedule O       3a       X         b       I* Yes, 'enter the name of the foreign country is used as a bank account, securities account, or other financial accounts (EBAR).       5a       X         5a       Box the organization a party to a prohibited tax sheler transaction at any time during the tax year?       5a       X         5b       Dod any taxability party on the used organization that was or is a party to a prohibited tax sheler transaction?       5b       X         c       If Yes,'' other bar ganzation that was or is a party to a prohibited tax sheler transaction?       5b       X         d       Dod any taxability party on the used organization that are onemally greater than \$100,000, and did the organization solicit any contributions and party to are other walkes of the good are services provided?       7c       X         7 <b>7 organization</b> noise any film dispose of tangibi personal property for which it was required?       7c       X         7 <b>7 organization</b> noise any film dispose of tangibi personal property for which it was required?       7c       X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
ab         Delta erganization have unrelated business gross income 051,000 or more during in year?         ga         X           b         If "Yes," has it fields 6 or 100 Nor 16 his year?         Nor 17 his year?         Nor 16 his year?         Nor 16 his year?         Nor 17 his year? <th></th> <th>filed for the calendar year ending with or within the year covered by this return 2a 70</th> <th></th> <th></th> <th></th>		filed for the calendar year ending with or within the year covered by this return 2a 70								
b       If "Yes", "the it flied a Form 90-1 for this yea? Jf "No" to fine 3b, provide an explexation on Solvakie O       96         4       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 accounts (FEAR).       4a       X         b       If "Yes," online 5a or 5b, did the organization have an interaction at any time during the tax year?       5a       X         5D       Dod any taxable party notify the organization have an interaction?       5a       X         c       If Yes," online 5a or 5b, did the organization have an interaction?       5a       X         6D       Dod any taxable party notify the organization have an interaction?       5a       X         10       If Yes," to the organization have non tax doductible ac chartable contributions?       5a       X         10       If Yes," to the organization needed with very solicitation an express statement that such contributions or gifts were not tax doductible?       7a       X         7       Organization have an online down of the value of the good as contributions and party for good and services provided ?       7a       X         7       Organization have an output of the organization have an provide of the value of the good as contribution of accounts?       7a       X         7       Organization have account way fore discole o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
b       If "Yes," has t Hied a Form 990-Tor this year? <i>If Yeb</i> 'to fame 3b, provide an explemation on Schedule 0       3b         d       At any time during the calendary year, dthe torogranization have an interest in, or a signature or other subtority over, a transcal account?       4s         b       If "Yes," enter the name of the toreign country (such as a bark account, securities account, or other financial accounts?       4s       X         b       If "Yes," enter the name of the toreign country (such as a bark account, securities account, or other financial accounts?       5a       X         5a       Was the organization have normally creater than \$100,000, and did the organization have normal gross receiving that are normally greater than \$100,000, and did the organization have normal gross receiving that are normally greater than \$100,000, and did the organization have normal gross receiving that are normally greater than \$100,000, and did the organization have normal gross receiving that are normally greater than \$100,000, and did the organization have normal greater than \$100,000, and did the organization have normal greater than \$100,000, and did the organization have normal greater than \$100,000, and did the organization have normal greater than \$100,000, and did the organization have normal greater than \$100,000,000 and services provided to the payer?       7a       X         0       If "Yes," for the organization have pay present breaks of the gross or services provided?       7a       Z       X         0       If "Yes," did the organization have greater than \$100,000 from \$25 malo payer?       7a       Z       X <th></th> <th></th> <th>3a</th> <th></th> <th>Х</th>			3a		Х					
4a       At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is (created as bank account, securities account, or other financial accounts)?       4a       X         b       If 'Yes', enter the name of the foreign country securities account, or other financial accounts (cEBAR).       5a       X         5a       Was the organization apprive to a prohibited tax shafter transaction at any time during the tax year?       5a       X         5b       If 'Yes' in the organization bare annual prose receipts that are normally greater than \$100,000, and did the organization solidit ary contributions tax deductibles or tax			3b							
In ancial account in a toreign country (such as a bank account, securities account, or other financial account)?     4a     X       be in Yues, the the name of the foreign country     5a     X       5a Was the organization is party to a prohibited tax shelter transaction at any time during the tax yeer?     5a     X       5a Was the organization have annual gross needpits that are normally greater than \$100,000, and did the organization have annual gross needpits that are normally greater than \$100,000, and did the organization soliti any contributions that it was or is a party to a prohibited tax shelter transaction?     5a     X       b If Yes, 's (d) the organization have multiply exaction that it was or is a party to a prohibited tax shelter transaction?     6a     X       b If Yes, 's (d) the organization have multiply exaction that it was or is a party to a prohibited tax shelter transaction?     7a     X       b If Yes, 's (d) the organization have multiply exaction that it was or is a party to a prohibited tax shelter transaction?     7a     X       b If Yes, 's (d) the organization needpets of the value of the good or services provided to the payor?     7a     X       c Did the organization needpets on the value of the good or services provided?     7a     X       c If Yes, 'notification that name or contribution of audited in the lectual property for which it was required'     7a     7a       c If the organization needpets or contribution of audited in the lectual property for which it was required?     7a     7a       c If the organization needpet asco										
See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),     5a     X       5a Was the organization aparty to a prohibited tax shelter transaction at any time during the taxy year?     5a     X       5b Dd any taxeline party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       5b Dd any taxeline party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       5b Dd any taxeline party to the organization that was on its a party to a prohibited tax shelter transaction?     5a     X       5b Dd any taxeline party to the organization nucle was evoluted to an express statement that such contributions or gifts were not tax deductible?     5a     X       7 Organization setter apyment in access of \$3 ⁵ made party as a contribution an express provided?     7a     X       7 D D the organization notify the donor of the value of the goods or services provided?     7a     X       7 D D the organization notify the donor of the value of the goods or services provided?     7a     X       7 D D the organization necesse any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7a     7a       7 D D the organization necesse any the during the year?     7a     7a     7a       7 D D the organization necesse any taxing any trans. directly or indirectly, to pay premiums on a personal benefit contract?     7a     7a       7 D D the organization ne			4a		x					
5a     Was the organization a party to a prohibited tax shelts 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 shelts transaction?     5b     X       6a     Does the organization have annual gress receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible or that adductible organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the value of the goods are services provided to the parameter that study of the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     7c     X       c     Did the organization notify the donor of the value of the goods or services provided?     7c     X       d     If "Yes," indicate the number of Forms 8282? field during the year     7d     7t     7t       f     Did the organization cervice a contribution or qualified intellectual property, did the organization file form 8086?     7a     7a       f     If the organization neceved a contribution or care, bods, arginanes, or other values of the done advised fund maintained by the sponsoring organization have access busines, or other values of the done advised fund maintained by the sponsoring organization make a distribution sudder scient 4966?     9a       9     Sponsoring organization cervice a bareholdes     <	b	If "Yes," enter the name of the foreign country								
b     Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?     56     X       c     If "Yes" to line Sa or Sb, did the organization file Form 8886-T?     56     56       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charatable contributions?     56     X       D     0''''''''''''''''''''''''''''''''''''		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T?       5c         Ga       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 chartable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         a       Did the organization rotify the donor of the value of the goods or services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization necelved any fund, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         d       Did the organization necelved a contribution of qualified intellectual property, did the organization file Form 8989 as required?       7d       7d         f       Did the organization meaves soldings at any time during the year?       8a       8a       8a         g the organization necelved a contribution of case, boats, anjthes, or there values, and the organization file Form 8989 as required?       7d       7d       7d       7d	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
Ge       Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of tax deductible as charitable contributions?       Ge       X         b f1"ses," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and partly for goods and sarvices provided to the payor?       Ge       X         c Organization stat may receive deductible contributions under section 170(c).       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sarvices provided to the payor?       7a       X         b f1"Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal beneft contract?       7c       X         c Did the organization receive any funds, directly or indirectly, on a personal beneft contract?       7c       X         f If the organization received a contribution of qualified intellectual property, did the organization file a Form 108e-C?       77       7d         g If the organization maximishing door advised funds. Did adoor advised fund maintained by the sponsoring organization make a distribution to a done, done, done, done davised fund maintained by the sponsoring organization. Enter:       9a       9a         g Gross income from there surces. Distributions included on Part VIII, line 12.       10d       11d       10d         g Gross income from members or shareholders       11d       10d       10d       12	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
Ge       Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of tax deductible as charitable contributions?       Ge       X         b f1"ses," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and partly for goods and sarvices provided to the payor?       Ge       X         c Organization stat may receive deductible contributions under section 170(c).       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sarvices provided to the payor?       7a       X         b f1"Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal beneft contract?       7c       X         c Did the organization receive any funds, directly or indirectly, on a personal beneft contract?       7c       X         f If the organization received a contribution of qualified intellectual property, did the organization file a Form 108e-C?       77       7d         g If the organization maximishing door advised funds. Did adoor advised fund maintained by the sponsoring organization make a distribution to a done, done, done, done davised fund maintained by the sponsoring organization. Enter:       9a       9a         g Gross income from there surces. Distributions included on Part VIII, line 12.       10d       11d       10d         g Gross income from members or shareholders       11d       10d       10d       12	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       66         7       Organizations that may receive deductible contributions under section 170(c).       77       X         0       If "Nes," if did the organization neceive a payment in excess of \$5's made parity as a contribution and parity for goods and services provided?       78       X         c       Did the organization neceive a payment in excess of \$5's made parity as a contribution and parity for goods and services provided?       78       X         c       Did the organization neceive any tendes, directly or indirectly, on a personal benefit contract?       76       X         10       If organization received a contribution of qualified intellectual property, did the organization file a Form 108-C7       78       X         9       Sponsoring organization, thur any excess business holdings at any time during the year?       79       71         9       Sponsoring organization, thur any taxable distributions under section 4966?       9a       9a       9a         9       Sponsoring organization, thur any taxable distributions under source againstation favore advised fund maintained by the sponsoring organization make a distribution to a done, done, done duvised fund maintained by the sponsoring organization make a distribution to a done, done duvised fund maintained by the sponsoring organization inscluded on Part VIII, line 12, for public used of lab faclitities       10a										
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax diductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         7       Organization statin may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       X         7       Did the organization celve any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         9       Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098 CF       7a       X         9       Sponsoring organization insamiatining doorn advised fund maintained by the sponsoring organization maintaining doorn advised fund maintained by the sponsoring organization maintaining doorn advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a <t< th=""><th></th><th></th><th>6a</th><th></th><th>x</th></t<>			6a		x					
were not tax deductible?     60       7     Organizations that may receive deductible contributions under section 170(c).     7       0     Did the organization needie a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?     70       0     Did the organization needie a payment in excess of \$75 made parity as a contribution and parity for which it was required to file Form 8282?     70       0     Did the organization needies any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e       10     Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?     7d       11     the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8099 as required?     7d       12     Th     Th     8       9     Sponsoring organization neelwed a contribution of dars, boats, airplanes, or other vehicles, did the organization file Form 8099 as required?     7d       13     Boat on advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a       10     Did the sponsoring organization make any taxable distributions under section 4966?     9a       14     Gross income from members or shareholders     11a       15     Section 501(c)(2) organizations. Enter:     100a       16     Gross income	b									
7       Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor.       7a       X         8       Did the organization notify the donor of the value of the goods or services provided?       7c       X         7       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         7       Did the organization ontify the donor of the value of the goods or services provided?       7c       X         7       Did the organization ontify the value, pay premiums, directify or indirectly, or a personal benefit contract?       7c       X         9       Did the organization, dring the yae, pay premiums, directify or indirectly, or a personal benefit contract?       7t       T       T         9       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make a distribution to a donor, donor advised funds.       Did the sponsoring organizations. Enter:       8       9         9       Sponsoring organization make a distribution such are section 4966?       Did       Did       Did       Did       Did         10       Section 501(c)(27) organizations. Enter:       10a       10b       Did       Did       Did       Did       Did			6b							
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year pay premiums, on a personal benefit contract?       7c       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Sp       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make and tasheld funds. Did a donor advised fund maintained by the sponsoring organization make and tasheld funds. Did a donor advised fund maintained by the sponsoring organization make and tasheld distributions under section 4966?       9a       9b         9       Sponsoring organization make a distribution to a donor, donor advised runds. Did the sponsoring organization make a distribution to a donor divised funds. Did the advised funds. Did the advised advised advised advised an Form 990, Part VIII, line 12.       10a       10b         18       Section 501(c)(12 organizations. Enter:       11a       10b       12a         a       Gross income from members or shareholders       11a       10b       12a       11a       12a	7									
b       If "Yes," did the organization netlify the donor of the value of the goods or services provided?       To         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       Tc       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       X         e       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07       X       Y         g       If the organization neceived a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-07       X       X         g       Sponsoring organization make any taxable distributions under section 4966?       8a       Section 501(c)(2) organization. Enter:       a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10a       10a       10a         1       Section 501(c)(12) organizations. Enter:       a       11a       10a       11a       12a         a       Gross income from members or shareholders       11a       10a       12a       12a       12a         1       Section 501(c)(12) organizations. Enter:       11a <td< th=""><th>а</th><th></th><th>7a</th><th></th><th>X</th></td<>	а		7a		X					
c       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 "Nes," indicate the number of Forms 8282 filed during the year       Zd       7e       7e         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7f         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         11       Section 501(c)(7) organizations. Enter:       11a       10a       10a       10a         12       Section 501(c)(2) organizations. Enter:       11a       10a       10a       11a         12       Section 501(c)(2) organizations. Enter:       11a       10a       11a       11a	b		7b							
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         D dt the organization received a contribution of qualified indirectly, to pay premiums on a personal benefit contract?       7d       7d         g If the organization received a contribution of qualified indirectly or indirectly, on a personal benefit contract?       7d       7d         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8 Sponsoring organizations maintaining door advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organizations.       Enter       10a       9b       9b         10 Section 501(c)(12) organizations. Enter:       10a       10a       10a       10a         11 Section 501(c)(12) organizations. Enter:       10a       10a       10a       10a       10a         12 Section 501(c)(12) organizations. Enter:       10a       10a <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>										
d If Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization during the year, pay premiums, directly to pay premiums, directly on a personal benefit contract?       7d         f If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7d         g If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7d         g Sponsoring organizations maintaining door advised funds.       3d onor advised fund and anor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor adviser.       9a         b Did the sponsoring organizations maintaining door advised funds.       9a       9b         Did the sponsoring organization make a distributions included on Part VIII, line 12       10a       10b         b Gross income from members or shareholders       10b       10b       10b         12 Section 501(c/12) organizations. Enter:       10a       10b       10b       10b         13 Section 501(c/12) organizations. Enter:       10a       10b       10b       10b       10b         13 Section 501(c/12) organization inkere stockelse       11a       10b       10b       10b       10b         14 Gross income from member			7c		x					
e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e         f       Did the organization cevieve a contribution of qualified intellectual property, did the organization file a Form 1098-C?         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization mave excess business holdings at any time during the year?       7a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations maintaining donor advised funds.       10a         10       Section 501(c)(7) organizations. Enter:       10a         1       Initiation fees and capital contributions included on Part VIII, line 12       10a         1       Section 501(c)(12) organizations. Enter:       10b         1       Gross income from members or shareholders       11a         1       Section 501(c)(12) organizations. Enter:       10b         1       Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a         12a       Initiation fees and to part VIII, line 12, for public use of club facilities       11a         13       Section 501(c)(12) organizations. Enter:       12b       12a         13       Section 501(c)(22) qualified nonprofit health insurance issues.<	d									
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1096-C?         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       8         9       Sponsoring organizations maintaining door advised funds.       8         a       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:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10b       10b         a       Gross income from members or shareholders       11a       10b         12       Section 6947(a)(1) non-exempt charitable trusts. Is the organization file of Form 1041?       12a         13       Section 6947(a)(1) non-exempt charitable trusts. Is the organization ineu of Form 1041?			7e							
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 file a Form 1098-C?       7n         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       11a       12a         a Gross income from members or shareholders       11a       12a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)       12a       12a         12a       If "Yes," enter the amount of tax-exempt interest received or accrued during the year?       13a       13a         13       Section 501(c)(2) gualified nonprofit health plans in more than one state?       13a       13a         14a       Did the accense to issue qualified health plans       13a       14b       14a         14a       Did the organization includ			7f							
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.       8         9       Sponsoring organization maintaining donor advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         c       Section 501(c)(7) organizations. Enter:       10a         a       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)(7) organizations. Enter:       11a       10b         a       Gross income from members or shareholders       11a       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a         12a       If Yes, "enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13a       Note: See the instructions for additional information must report on Schedule O.       13a       13a         14a       X<	g									
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 organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         12       Section 501(c)(12) organizations. Enter:       10b         13       Section 501(c)(12) organizations. Enter:       11a         11       Section 501(c)(12) organizations. Enter:       11a         13       Gross income from members or shareholders       11a         14       11b       12a         15       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a       If Yes, "net ret ha amount of tax-exempt interest received or accrued during the year?       12a         13a       Inductional information the organization must report on Schedule O.       13a         14a       X       13a         15b       Gross income from cercieva stypaments for indoor tanning services during the tax year?       14a       X	-									
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a 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)(7) organizations. Enter:       11a         a Gross income from members or shareholders       11a       10b         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         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12b       12a         13       Section 501(c)(29) qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule 0.       13a       13a         14a       X       13b       13c       13a         14b       13c       14a       X       14b       14a       X       14a       X </th <th>-</th> <th colspan="8"></th>	-									
9       Sponsoring organizations maintaining donor advised funds.       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Section 501(c)(12) organizations. Enter:       10b       10b       11a       10b         13       Section 501(c)(12) organizations. Enter:       10b       11b       12a       12a         14       Gross income from members or shareholders       11a       11b       12a       12a         15       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       12a         16       if "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a       13a         15       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       14a       X         16       rives," has it filed a Form 720 to report these payments? If "No," provide an explanation or Schedule O       14b       14a       X         17       If "Yes," see the instructions and file For										
a 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:       10a         a 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:       11a         a 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.)       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         13 Section is conced to issue qualified health plans in more than one state?       13a         14a Did the organization licensed to issue qualified health plans       13b         15 Is the organization receive any payments for indoor tanning services during the tax year?       14a       X         14       14b       14c       14b       14c         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exceses parachute payment(s) during the year?       <	9									
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:         a 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:       10b         a Gross income from them sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(12) organization terest received or accrued during the year       12b       12a         b fi "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         c Enter the amount of reserves on hand       13a       13a       13a         14a       Did 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?       14a       X         1	а									
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Note: See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the provide the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Ima	13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         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         16       Is the organization an educational institution subject to the section 4960 excess tax on net investment income?       16       X         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	с									
b       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.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         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			14a		X					
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.       16       X         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.       16       X         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										
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16       X         17       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         18       X         19       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         19       17			_							
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?	16		16		X					
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?										
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	••		17							

332005 12-21-23

Form **990** (2023)

Form 990	(2023)
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## CENTER FOR LAW AND SOCIAL POLICY

23-7000150 Page 6

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.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section 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 21									
	If there are material differences in voting rights among members of the governing body, or if the governing	1								
	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 1b 20									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:									
	The governing body?	8a	Х							
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 reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b								
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
	Ha Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	<ul> <li>12a Did the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>Ware officient directors or tructed and low amplexing required to directors apply interests that could give rise to conflict?</li> </ul>									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
U	on Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_O									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain on Schedule O)									
19										
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records $CENTEP = COP + AND = COCTAT = POL + CV = -(202) = 0.6 - 9.004$									
	CENTER FOR LAW AND SOCIAL POLICY - (202) 906-8004 1310 L STREET, NW, WASHINGTON, DC 20005									
		Farm	990	(2023)						
332006	§ 12-21-23	Form	530	(2023)						

Part VII	Со	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	d
	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 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.

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 one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is officer and a director/		s both	n an	compensation	compensation	amount of	
	week				reciu	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee,	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	n stit utio nal tru stee	L_	m ploy	st col	5	1000 1120/		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) INDIVAR DUTTA-GUPTA	40.00									
PRESIDENT & EXECUTIVE DIRECTOR		х		Х				256,250.	Ο.	10,000.
(2) AKOSUA MEYERS	40.00									
PROGRAM DIRECTOR						X		173,220.	0.	36,673.
(3) BARBARA SEMEDO	40.00									
DEPUTY EXECUTIVE DIR., COMMUNICATION					Х			190,368.	0.	18,042.
(4) ELIZABETH LOWER-BASCH	40.00									
DEPUTY EXECUTIVE DIR., POLICY					Х			187,074.	0.	16,568.
(5) WENDY CERVANTES	40.00									
DIRECTOR, IMMIGRATION AND IMMIGRANT						X		156,730.	0.	32,184.
(6) EDDIE MARTIN JR	40.00									
DEPUTY DIRECTOR OF RACIAL EQUITY					х			180,047.	0.	7,400.
(7) DANA BAILEY	40.00									
CHIEF OPERATING OFFICER				X				162,111.	0.	22,097.
(8) STEPHANIE SCHMIT	40.00									
DIRECTOR, CHILD CAREDIRECTOR, AND EAR						X		152,359.	0.	27,750.
(9) ANGELE PARKER	40.00									
DIRECTOR OF HUMAN RESOURCES						X		137,352.	0.	36,544.
(10) TOM SALYERS	40.00									
DIRECTOR, COMMUNICATIONS						X		149,489.	0.	23,332.
(11) DAVID HANSELL	1.00									_
BOARD CHAIR (6/22 -PRESENT)		х		X				0.	0.	0.
(12) SHERECE WEST-SCANTLEBURY	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(13) CARISA STANLEY	1.00									_
BOARD MEMBER		х						0.	0.	0.
(14) JARRETT BARRIOS	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(15) JAMIRA BURLEY	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(16) MICHAEL CAMUNEZ	1.00									
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(17) DONNA COOPER	1.00									2
BOARD MEMBER		Х						0.	0.	0.

332007 12-21-23

Form 990 (2023)

Form 990 (2023)	CENTER FO	OR LAW A	ND	) S	OC	'IA	$\Gamma$	PC	DLICY	23-7000	150	Page <b>8</b>
Part VII Secti	ion A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)		
	(A)	(B)				C)	-		(D)	(E)		(F)
	Name and title	Average			Pos	ition			Reportable	Reportable		mated
		hours per					than o is both		compensation	compensation		ount of
		week					or/trus		from	from related		ther
		(list any	ctor						the	organizations		ensation
		hours for	- direc				5		organization	(W-2/1099-MISC/		m the
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	orgai	nization
		organizations	l trus	nal tr		oyee	d mo		1099-NEC)		and	related
		below	ndividual trustee or director	nstitutional trustee	cer	em pl	Highest compensated employee	Former			organ	nizations
		line)	Indi	Inst	Officer	Key	High	For				
(18) ANGELA D	IAZ	1.00										
BOARD MEMBER			Х						0.	0.	<u> </u>	0.
(19) DAVID DO	DSON	1.00										
BOARD MEMBER			Х						0.	0.		0.
(20) STEVEN D	WO	1.00										
BOARD MEMBER			Х						0.	0.		0.
(21) PETER ED	ELMAN	1.00										
BOARD MEMBER			Х						0.	0.		0.
(22) GENE NIC	HOL	1.00										
BOARD MEMBER			х						0.	0.		0.
(23) DENEA JO	SEPH	1.00										
SECRETARY			х						0.	0.		0.
(24) SIMON LA	ZARUS	1.00									1	
BOARD MEMBER			х						0.	0.		0.
(25) SUNIL MA	NSUKHANI	1.00										
BOARD MEMBER			х						0.	0.		0.
(26) EDWARD M	ONTGOMERY	1.00									1	
BOARD MEMBER			х						0.	0.		0.
1b Subtotal									1,745,000.	0.		,590.
•	continuation sheets to Part VI								0.	0.		0.
	lines 1b and 1c)								1,745,000.	0.	_	,590.
	er of individuals (including but n										1 200	75500
	ion from the organization		030	11310	uac	000	<i>y</i> wii	010				10
compensat	Ion from the organization											Yes No
	eningtion list on former officer							. In :				
	anization list any <b>former</b> officer,											x
	Yes," complete Schedule J for s										3	
	ividual listed on line 1a, is the su											v
	organizations greater than \$150										4	<u>x</u>
	rson listed on line 1a receive or a									ual for services		37
	the organization? If "Yes." com	plete Schedule	e J fo	or su	ich i	oers	on .				5	X
	pendent Contractors											
•	his table for your five highest co	•	•							· ·	ation fron	n
the organiz	ation. Report compensation for	the calendar ye	ear e	endin	ig w	rith c	or wi	thin	the organization's tax ye	ear.		
	(A)								(B)		(C)	
	Name and business								Description of s	ervices	Compens	sation
	WHITLEY, 2958 NC		DI	NG					FINANCE AND			
AVENUE, H	IUNTERSVILLE, NC	28078							ADMINISTRATI	7E CONSU	110	,327.
2 Total numb	er of independent contractors (ii	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mo	re than		
	of compensation from the organiz					1	L		,			

SEE PART VII, SECTION A CONTINUATION SHEETS 332008 12-21-23

Form 990 CENTER FC	OR LAW A	ND	S	oc	IA	L	PO	LICY	23-700	0150			
Part VII Section A. Officers, Directors, Tru													
(A)	(B)				C)			(D)	(E)	(F)			
Name and title	Average		Position		Reportable	Reportable	Estimated						
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of			
	per week					e		from the	from related organizations	other compensation			
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the			
	hours for	r dire				ted en		(W-2/1099-MISC)		organization			
	related	stee o	trustee		æ	pensa				and related			
	organizations	ual tru	ional 1		ploye	tcom				organizations			
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former						
(27) ANNIE BURNS	1.00		-	0	×	<u> </u>	ш.						
BOARD VICE CHAIR (9/21-PRESENT)	1000	x		х				0.	0.	0.			
(28) JOHN M. BOUMAN	1.00												
BOARD MEMBER		х		х				0.	0.	0.			
(29) ALEXANDRA CAWTHORNE-GAINES	1.00												
BOARD MEMBER		х						0.	0.	0.			
(30) ERICA WILLIAMS	1.00												
BOARD MEMBER		Х						0.	0.	0.			
(31) JEWEL MULLEN	1.00												
BOARD MEMBER		Х						0.	0.	0.			
						-							
		•											
		i											
		1											
		1											
		<u> </u>											
										<u> </u>			
		•											
Total to Part VII Section A line 10													
Total to Part VII, Section A, line 1c								l	l	L			

332201 04-01-23

		(2023) CENTER FOR LA	W AND SO	CIAL POLICY	ζ	23-7000	150 Page <b>9</b>
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin	2.2.5		(2)	
				(A) Tatal waxaa waxaa	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
ς, ω	1 a	Federated campaigns 1a					
ant	b						
ັອ ຊີ	c						
Â,	ט ה	<b>- -</b>					
ia i	d						
ns,	е	Government grants (contributions) <b>1e</b>					
er i	f	All other contributions, gifts, grants, and	204 002				
Contributions, Gifts, Grants and Other Similar Amounts			394,903.				
d tr	g	Noncash contributions included in lines 1a-1f					
ы С	h	Total. Add lines 1a-1f		7,394,903.			
			Business Code				
é	2 a		900099	170,850.	170,850.		
, zi	b	PROGRAM REVENUE	900099	29,300.	29,300.		
Sei	с	HONORARIUM	900099	9,550.	9,550.		
E a	d				-		
Program Service Revenue	e						
Pro	f	All other program service revenue					
_	•			209,700.			
	<u>g</u> 3	I otal. Add lines 2a-21 Investment income (including dividends, intere		205,100.			
	3			270,834.			270,834.
	_	other similar amounts)		270,054.			270,054.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
Ð	~	and sales expenses					
venue		Gain or (loss)					
c)							
Other R		Net gain or (loss)	·····				
the	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b						
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b						
	с	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10t					
		Net income or (loss) from sales of inventory	-				
			Business Code				
sn	44 -	MISCELLANEOUS REVENUE	Lucinoco Oode	19,943.			19,943.
leol	11 a			, <u>74</u> J•			<u> </u>
llan 'enu	b						
scellaneo Revenue	С						
Miscellaneous Revenue	d	All other revenue		10.040			
_	е	Total. Add lines 11a-11d		19,943.			
	12	Total revenue. See instructions		7,895,380.	209,700.	0.	290,777.
33200	9 12-21	-23					Form <b>990</b> (2023)

332009 12-21-23

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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in t (A)	his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	529,100.	529,100.		
2	Grants and other assistance to domestic	525,100.	525,1001		
2					
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	1,744,655.	1,396,000.	226,850.	121,805.
6	Compensation not included above to disqualified	1,711,055.	1,330,0001	220,030.	121,005.
0					
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		4,307,287.	3,510,857.	495,795.	300,635.
7 8	Other salaries and wages Pension plan accruals and contributions (include		5,510,057.		500,055.
0	section 401(k) and 403(b) employer contributions)	202,421.	161,969.	26,320.	14 132
9		770,947.	615,832.	101,943.	<u>14,132.</u> 53,172.
9 10	Other employee benefits Payroll taxes	475,210.	384,920.	57,025.	33,265.
		475,210.	504,520.	57,025.	55,205.
11	Fees for services (nonemployees): Management				
a b		13,022.	3,516.	9,246.	260.
b		117,399.	31,698.	83,353.	2,348.
с с	Accounting	117,555.	51,050.	05,555.	2,540.
d	Lobbying Professional fundraising services. See Part IV, line 17				
e 4	Investment management fees				
f					
g	column (A), amount, list line 11g expenses on Sch 0.)	863,024.	607,027.	188,247.	67,750.
12	Advertising and promotion	000,0140	007,027.	100,247.	07,750.
12 13		95,092.	28,448.	62,894.	3 750.
13 14	Office expenses Information technology	60,000.	16,200.	42,600.	3,750. 1,200.
14 15		00,000.	10,200.	42,000	1,200.
16	Royalties	659,825.	534,458.	79,179.	46,188.
17	Occupancy Travel	82,759.	67,159.	13,365.	2,235.
18	Iravel Payments of travel or entertainment expenses	0277051	0771001		272331
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	209,164.	135,689.	45,671.	27,804.
20	-	20072010			27,0010
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	102,891.	83,342.	12,347.	7,202.
22	Insurance	22,700.	18,387.	2,724.	1,589.
23 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	96,642.	15,585.	78,817.	2,240.
b	DUES AND REGISTRATIONS	21,615.	14,811.	5,398.	1,406.
c	PRINTING AND DUPLICATIO	15,582.	9,531.	5,274.	777.
d				· · · · · · · · · · · · · · · · · · ·	
	All other expenses	74,048.	17,956.	54,845.	1,247.
25	Total functional expenses. Add lines 1 through 24e	10,463,383.	8,182,485.	1,591,893.	689,005.
26	Joint costs. Complete this line only if the organization		. ,	, ,	,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
332010	) 12-21-23	L	1		Form <b>990</b> (2023)
					( -)

Form 990 (2023)

Part X Balance Sheet

## CENTER FOR LAW AND SOCIAL POLICY

23-7000150 Page 11

		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
		•			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			4,207,521.	1	1,712,467.
	2	Savings and temporary cash investments			4,325,436.	2	4,375,847.
	3	Pledges and grants receivable, net			1,430,000.	3	1,585,000.
	4	Accounts receivable, net			145,950.	4	69,415.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				195,238.	9	137,367.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	390,866.			
	b	Less: accumulated depreciation	10b	283,600.	170,806.	10c	107,266.
	11	Investments - publicly traded securities		10,040,156.	11	10,204,665.	
	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			5,337,710.	15	4,871,769.
	16	Total assets. Add lines 1 through 15 (must equ		1	25,852,817.	16	23,063,796.
	17	Accounts payable and accrued expenses		601,523.	17	629,880.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or forn					
oilit		trustee, key employee, creator or founder, subs					
Liabilities	00	controlled entity or family member of any of the		F		22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23 24	
	24 25	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
					5,722,491.	25	5,276,935.
	26	Table Billing Add Bass 47 Marsuel OF			6,324,014.	26	5,906,815.
		Organizations that follow FASB ASC 958, che	ck here		.,,	20	0,000,0100
es		and complete lines 27, 28, 32, and 33.					
anc	27				13,420,390.	27	13,587,530.
Bala	28	Net assets with donor restrictions	6,108,413.	28	13,587,530. 3,569,451.		
lpu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
, or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ast	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			19,528,803.	32	17,156,981.
	33	Total liabilities and net assets/fund balances			25,852,817.	33	23,063,796.

Form 990 (2023)

Form	990 (2023) CENTER FOR LAW AND SOCIAL POLICY	23-	7000150	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	7,89		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,463		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,56		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,52		
5	Net unrealized gains (losses) on investments	5	19	5,1	81.
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	17,15	5,9	<u>81.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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				
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	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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?			Х	<u> </u>
	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?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	(2022)
			Гаша		$(n \cap n \cap n)$

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

## -

Nan	ne or i	ne organization ្ពាសាបា		AND GOCTAL I		7			3 - 7000150
Pa	irt I	Reason for Public (		AND SOCIAL					3-7000130
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1 2	$\square$	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)							
2	$\square$					(L)(1)(A)(;;	::)		
4	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
4		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operati	ed by a do	vernmental un	it describe	n d in
J		section 170(b)(1)(A)(iv). (C			or operation	ou oy u ge			
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)		
	X	An organization that norma	-					e general r	oublic described in
•		section 170(b)(1)(A)(vi). (C			onn a gore			general	
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9	$\square$	An agricultural research org				ed in coniu	unction with a la	and-orant	colleae
-		or university or a non-land-g				-		-	-
		university:	, , ,	,		, <b>,</b>	,	5	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	o fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carı	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section !	5 <b>09(a)(2)</b> .	See section 5	<b>09(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and ⁻	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typ	oically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	ctors or trustee	s of the su	ipporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				•		-
		control or management o			ame perso	ns that co	ntrol or manage	e the supp	ported
		organization(s). You mus							
C		J Type III functionally inte					-	/ integrate	d with,
		its supported organization		-					
c		J Type III non-functionally						-	
		that is not functionally int			•		-	an attentiv	eness
		requirement (see instructi							
e		Check this box if the orga functionally integrated, or					турет, турет	, type iii	
f	Ente	er the number of supported of							
c		vide the following information	•	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Tota	al								

# Schedule A (Form 990) 2023 Part II Support Sch

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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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	11051557.	836,922.	12063696.	14304255.	7565753.	45822183.		
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 $\dots$								
4	Total. Add lines 1 through 3	11051557.	836,922.	12063696.	14304255.	7565753.	45822183.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						17685050.		
	Public support. Subtract line 5 from line 4.						28137133.		
See	ction B. Total Support			-					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	11051557.	836,922.	12063696.	<u>14304255.</u>	7565753.	45822183.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$	19,682.	6,375.	3,296.	67,226.	270,834.	367,413.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on $\dots$								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	38,078.	5,240.		3,043.	19,943.			
	Total support. Add lines 7 through 10						46255900.		
	Gross receipts from related activities,		,			12			
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)			
<u> </u>	organization, check this box and sto								
	ction C. Computation of Publ		-	. (2)			60.02		
	Public support percentage for 2023 (		•			14	<u>60.83</u> %		
	Public support percentage from 2022					15	<u>58.78 %</u>		
168	<b>33 1/3% support test - 2023.</b> If the						37		
	stop here. The organization qualifies		-						
b	<b>33 1/3% support test - 2022.</b> If the								
47	and <b>stop here.</b> The organization qua								
1/8	10% -facts-and-circumstances test	-							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
Ŀ.		•	•		•	7a and line 15 is	∟		
C	<ul> <li>10% -facts-and-circumstances test more, and if the organization meets the</li> </ul>	-							
	organization meets the facts-and-circ								
18	-		•						
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

332022 12-21-23

_	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support	1	1		1	1	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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-						
4	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						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				(		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 5	01(c)(3) organi	zation,
_	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I			column (f))		15	%
<u>16</u>						16	%
	ction D. Computation of Inves					47	
17 10	· •					17	<u>%</u>
18 19:	Investment income percentage from a 33 1/3% support tests - 2023. If the			on line 14 and line		<b>18</b>	% 9e 17 is not
196	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2022. If the						∟ % and
L	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23			,,			Ile A (Form 990) 2023

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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)

Schedule A (Form 990) 2023

23-7000150 Page 3

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.)

332024 12-21-23

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

### Schedule A (Form 990) 2023 CENTER FOR LAW AND SOCIAL POLICY

1

V. N

Yes No

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

were a majority of the organization's directors of 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	

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

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- 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 ent	ity (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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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

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

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

23-7000150 Page 6

332026 12-21-23

Schedule A (Form 990) 2023

# Schedule A (Form 990) 2023 CENTER FOR LAW AND SOCIAL POLICY Z Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) (continued)

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
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 <b>Part VI</b> )	5	;
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6	;
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.	5	8	
9	Distributable amount for 2023 from Section C, line 6		g	)
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
с	Excess from 2021			
d	Excess from 2022			
P	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	CENTER	FOR LA	W AND	SOCIAL	POLICY	23-7000150 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I	1, 2, 3b, 3c, 4b, ), lines 2 and 3; I	4c, 5a, 6, 9a Part IV, Secti	a, 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) 2023

332028 12-21-23

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# **Schedule of Contributors**

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

# 2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

CENTER F	OR	LAW	AND	SOCIAL	POLICY
<u>•==:==:</u>					

23-7000150

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

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

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

### **General Rule**

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

#### **Special Rules**

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

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

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

**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).

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

275,000.

\$

# CENT

(Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Noncash

323452 12-26-23

10411122 138138 CLASP

ER	FOR	LAW	AND	SOCIAL	POLICY	
	• •					

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,010,000.</u>	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
2		\$400,000.	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
3		\$ <u>1,646,750.</u>	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
4		\$298,791.	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
5		\$330,000.	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
6			Person X Payroll

Employer identification number

23-7000150

Schedule B (Form 990) (2023)
Name of organization

Employer identification number

23-7000150

## CENTER FOR LAW AND SOCIAL POLICY

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

raiti	Contributors (see instructions). Ose duplicate copies of Part I il additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>550,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>1,500,000.</u>	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
9		\$ <u>200,000.</u>	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
<u>   10</u>		\$ <u>200,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>148,925.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>12</u> 323452 12-26	Name, address, and ZIP + 4	Total contributions         \$       200,000.	Type of contribution         Person       X         Payroll

323452 12-26-23

10411122 138138 CLASP

		\$	
(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
		\$	
323453 12-26-23			Schedule B (Form 990) (2023)

Name of organization

CENTER FOR LAW AND SOCIAL POLICY

Schedule B (Form 990) (2023)

(a)

No.

from

Part I

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

(b)

Description of noncash property given

10411122 138138 CLASP

Employer identification number

(d)

**Date received** 

23-7000150

(c)

FMV (or estimate)

(See instructions.)

Schedule I	B (Form 990) (2023)		Page <b>4</b>			
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			
-						
	Transferee's name, address, a	(e) Transfer of gift	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			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
-	Transferee's name, address, a	Relationship of transferor to transferee				
323454 12-26			Schedule B (Form 990) (2023)			

^{2023.05000} CENTER FOR LAW AND SOCIAL CLASP_1

LHA	332041	11-06-23	
104111	22	138138	CLASP

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

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

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4) (5) or (6) organizations: Complete Part III

•	3ection 301(c)(4), (3), 01 (0) organizat	lions. Complete Fait III.					
Nar	ne of organization			E	Emplo	yer identification	number
		FOR LAW AND SOCI				23-70001	50
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 527	7 org	anization.	
	Provide a description of the organiz Political campaign activity expendit	•			\$		
3	Volunteer hours for political campai						
		<b>3</b>			-		
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3	3).			
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		\$		
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		. \$		
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?			Yes	No
							No No
ł	b If "Yes," describe in Part IV.						
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 50	)1(c)	(3).	
1	Enter the amount directly expended	d by the filing organization for see	ction 527 exempt funct	ion activities	\$		
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527			
	exempt function activities				. \$		
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,				
	line 17b				. \$		
4	Did the filing organization file Form	1120-POL for this year?					No
5	Enter the names, addresses, and er made payments. For each organiza contributions received that were pro political action committee (PAC). If	tion listed, enter the amount pair omptly and directly delivered to a	d from the filing organiz a separate political orga	ation's funds. Also ente anization, such as a sep	er the	amount of politica	l
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization funds. If none, enternation funds.	i's	(e) Amount of p contributions rece promptly and c delivered to a se political organi If none, ente	eived and lirectly eparate zation.

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

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

2023 Open to Public Inspection

Schedule C (Form 990) 2023

Sche		R FOR LAW AND SOCIAL POLICY		000150 Page 2				
Pa		n is exempt under section 501(c)(3) and fil	ed Form 5768 (ele	ction under				
	section 501(h)).							
Α (	A Check 🔲 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,							
	expenses, and share of exces							
<b>B</b> (	Check if the filing organization check	ed box A and "limited control" provisions apply.	1					
	Limits on Lobl (The term "expenditures" m	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals					
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)						
b	Total lobbying expenditures to influence a leg	4,631.						
с	Total lobbying expenditures (add lines 1a and	4,631.						
d	Other exempt purpose expenditures	10,458,752.						
е	Total exempt purpose expenditures (add line	10,463,383.						
f	Lobbying nontaxable amount. Enter the amo	673,169.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	not over \$500,000,	20% of the amount on line 1e.						
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.						
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.						
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.						
	over \$17,000,000,	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25% of line 1f)		168,292.					
h	Subtract line 1g from line 1a. If zero or less, enter -0-		0.					
i	Subtract line 1f from line 1c. If zero or less, enter -0-		0.					
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_					
	reporting section 4911 tax for this year?			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.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	( <b>d)</b> 2023	<b>(e)</b> Total		
2a Lobbying nontaxable amount	582,489.	615,642.	659,027.	673,169.	2,530,327.		
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					3,795,491.		
<b>c</b> Total lobbying expenditures	69,787.	76,142.	25,045.	4,631.	175,605.		
<b>d</b> Grassroots nontaxable amount	145,622.	153,910.	164,757.	168,292.	632,581.		
e Grassroots ceiling amount (150% of line 2d, column (e))					948,872.		
f Grassroots lobbying expenditures	1,056.				1,056.		

Schedule C (Form 990) 2023

332042 11-06-23

## 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	<b>)</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 not be 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 501(c)(6).	1 501(C)(5	), or sec	tion	
	501(0)(0).			Yes	No
				Tes	NU
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?		2		
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		) or sec	tion	
. 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 political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
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 (see	

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) 2023

332043 11-06-23

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

#### inancial Statements

on answered "Yes" on Form 990, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. to Form 990.



OMB No. 1545-0047

Int Na

Interna	Revenue Service Go to WWW.Irs.gov/Form99	U for instructions and the latest informa	ation.	Inspection
Nam	e of the organization CENTER FOR LAW AND	SOCIAL POLICY		Employer identification number 23-7000150
Pa			or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	•		
•	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			
Pa		appization applyored "Voo" on Form 000		
	· · · · · · · · · · · · · · · · · · ·		Failiv,	
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreating the second		f a bista	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space		a certi	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a co	nservation easement on the last
2	day of the tax year.		01 2 00	Held at the End of the Tax Year
а				2a
b				2b
c	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
	year	, , , , ,	5	5
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation eas	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	ר)(4)(B)(i)	)
	and section 170(b)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	C C		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther S	imilar 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	and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in f	urtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance	e 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			
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		

332051 09-28-23

Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         9       Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contained in the organization acquisition is a contained or the organization acquisition is a contained or the organization acquisition is a contained or the organization acquisition is accepted and the organization acquisition is accepted or the organization acquisition in the organization acquisition is accepted or the organization acquisition in the organization acquisition in the organization acquisition in the organization accepted or the organization accepted or the organization accepted or the organization accepted organis accepted organization accepted organization accepted	Sche		FOR LAW ANI					23-70			age <b>2</b>
collection lame (check all that apply).       a       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Historic</th> <th>al Treasu</th> <th>res, or Othe</th> <th>er Simila</th> <th>r Assets</th> <th>(contin</th> <th>ued)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Treasu	res, or Othe	er Simila	r Assets	(contin	ued)	
a       Public exhibition       d       Can or exchange program         b       Schlarly research       e       Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the follow	ing that make	significant ı	use of its			
b       Scholary research       e       Other         2       Preservation for future generations         4       Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds attained has part of the organization collection?       Yes       No         Part W       Escrow and Custodial Arrangements       Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or respondent an award to no Form 990, Part X, line 21.       Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Amount       To         b       If 'Yes', explain the arrangement in Part XIII and complete the following table:       Amount       To		collection items (check all that apply).									
c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization's collections and explain they further the organization's exempt purpose in Part XIII.         6       Description of Counsel and the programments Complete if the organization answered "Yes" on Form 990, Part X, line 8, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization and part, trustee, custocian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization and part, trustee, custocian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Bedginning balance         1b       Ending balance         1c       1d         2       Do the organization include an amount on Form 990, Part X, line 21.         2       Did the organization include an amount on Form 990, Part X, line 21.         2       Did the organization include an amount on Form 990, Part X, line 21.         3       Did the organization include an amount on Form 990, Part X, line 10.         4       Part V       Endowment Fundos         4       Did the organization include an amount on Form 990, Part X, line 10.	а	Public exhibition	d	I 🗌 Loar	or exchange	e program					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 900, Part X, line 9, or     reported an amount on Form 900, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X, line 21.     Is the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?     Is a list engination include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?     Part V Endowment Funds Complete if the organization nanowered "Yes" on Form 900, Part X, line 20.     Is description of year balance     Contributions     Is a list investment earnings, gains, and losses     Contributions     Is a contained organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?     Endowment Funds Complete if the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?     Endowment Funds Complete if the organization and the enginetity of the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?     Endowment Funds Complete if the organization and the part XIII.     Contributions     Contri	b	Scholarly research	e	e 🗌 Othe	r						
5       During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets       to be sold to raise funds rather than to be maintained as part of the organization is collection?       No.         Part M       Escrow and Oustodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or       reported an amount on Form 990, Part X, line 21.       Is the organization answered 'Yes' on Form 990, Part X, line 9.         1       Is the organization answered 'Yes' on Form 990, Part X, line 21.       Amount       Is the organization answered 'Yes' on Form 990, Part X, line 21.         2       Beginning balance       It -       It -       It -       Amount         2       Contributions during the year       It -       It -       It -       It -         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         5       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         6       Did the organization answered 'Yes' on Form 990, Part X, line 10.       It -       It -       It -         2       Did the organization answered 'Yes' on Form 990, Part X, line 21, or escrow or custodial account liability?       Ves       No         6       Contributions       It and complet with anaragement in Part XII. Check here if the exp	С	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements         Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           0         If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           0         If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Image: the part of the organization answered 'Yes' on Form 990, Part W, line 10.         Image: the part of the organization answered 'Yes' on Form 990, Part W, line 10.           1a Beginning of year balance         [a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a Contributions         Image: the organization answered 'Yes' on Form 990, Part W, line 10.         Image: the part	4	Provide a description of the organization's co	ollections and explair	n how they fu	rther the org	anization's exe	empt purpo	se in Part	XIII.		
Part W       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X III and complete the following table:       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account tability?       Image: Complete intermediary for escrow or custodial account lability?       Image: Complete intermediary for escrow or custodial account lability?       Image: Complete intermediary for escrow or custodial account lability?       Image: Complete intermediary for escrow or custodial account lability?       Image: Complete intermediary for escrow or custodial account lability?       Image: Complete intermediary for escrow or custodial account lability?       Image: Complete intermediary for escrow or custodial account lability?       Image: Complete intermediary for escrow or custodial account lability?       Image: Complete intermediary for escrew or custodial account lability?       Image: Complete intermediary for escrew or custodial account lability?       Image: Complete intermediary for escrew or custodial account lability?       Image: Complete intermediary for escrew or custodial account lability?       Image: Complete intermediary for escrew or custodial account lability?       Image: Complete intermediary for escrew or custodial account lability?       Image: Complete intermediary for escre	5	During the year, did the organization solicit o	r receive donations o	of art, historic	al treasures,	or other simila	ar assets		_		_
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         1d       1d       1d         1d       1d       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Inc       1d         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Inc       1d         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year end balance fline 1g, column (a) held as:       a       a         1a       Administree expenses											No
on Form 990, Part X?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         e       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         e       Other expenditures for facilities and programs       0 (P) Prior year 10 (P) Prior year 10 (P) Prior years back (e) Four years back if e) Four years back and corganization server scholarships.       Image: Scholarships (P) Prior year 10 (P) Prior years back if e) Four years bac	Par			te if the orga	nization answ	wered "Yes" or	n Form 990,	, Part IV, li	ne 9, or		
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for cont	ributions or o	other assets no	t included				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:		on Form 990, Part X?		-					Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accounti lability?       Yes       No         b       If 'Yes' explain the arrangement in Part XII. Check here if the explanation has been provided in Part XIII       Part V       Endowment Funds       Complete if the explanation has been provided in Part XIII         Part V       Endowment Funds       Complete if the explanation has been provided in Part XIII       Part XIII       Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds       Complete if the explanation has been provided in Part XIII       Part XIIII         Part V       Endowment Funds       Complete if the explanation has been provided in Part XIII       Part XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	b										
d Additions during the year       1d         e Distributions during the year       1e         1       1         2       Distributions during the year         1       Ending balance         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Grants or scholarships       (a) Cost or other       (b) Prior year       (c) Tree years back       (e) Four years back         2       Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       as a dif ye									Amount		
e       Distributions during the year       1e         f       Ending balance       1f         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       (a) Current year end balance       (ine 1g, column (a)) held as:       (a) Cord wears balance       (ine 1g, column (a)) held as:       (a) Cord wears balance       (a) Cord wears balance       (a)	с	Beginning balance					1c				
f       Ending balance	d	Additions during the year					1d				
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         Part V       Endowment Funds       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         1a       Beginning of year balance       (a)       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a)       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a)       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a)	е	Distributions during the year					1e				
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         (b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         (c) Two scholarships       (c) Two years back       (d) Three years back       (e) Four years back       (e) Four years back         (c) Not instantion       (c) Two years back       (d) Three years back       (e) Four years back       (e) Four years back         (c) Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years         (a) Cher expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years         (a) Cher expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years         (c) Horey back       Permanent earnings, gains, and losses       (f) Two years back       (f) Three years       (f) Three years       (f) Three years	f	Ending balance					<b>1</b> f		_		
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back         d       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (c) Two years back       (d) Two years back       (e) Four years back       (e) Four years back       (c) Two years back       (d) Four years back       (d) Four years bac	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escro	w or custodi	al account liab	ility?	L	Yes		No
(a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance											
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Deprint Term endowment	Par	<b>TV</b> Endowment Funds Complete if							() -		
b       Contributions			(a) Current year	(b) Prior	/ear (C)	Two years back	(d) Three y	/ears back	(e) Four	years	раск
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs initial init	<b>1</b> a										
d Grants or scholarships	b										
e       Other expenditures for facilities and programs	c										
and programs											
f       Administrative expenses	е										
g End of year balance											
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations?         (ii)       Related organizations?         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         basis (investment)       basis (other)         basis (other)       depreciation         c       Leasehold improvements         baildings       101, 517.         c       Leasehold improvements         c       289, 349.         255, 369.       33, 980.	f										
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>b If "Yes" on line 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li>Yes in 0</li> <li>3a(i)</li></ul>	-			. //:	(-))						
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organization as wered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Part VI       Land, Buildings, and Equipment       (b) Cost or other basis (other)       (c) Accumulated depreciation            1a Land       Image: Second improvements       Image: Second improvements       Image: Second improvements         101, 517.       28, 231.       73, 286	2		•		umn (a)) neic	as:					
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>3a(i)</li> <li>3b</li> <li>4</li> </ul> <ul> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other</li> <li>basis (other)</li> <li>depreciation</li> <li>depreciation</li> <li>a</li> <li>a Land</li> <li>Buildings</li> <li< th=""><th>a L</th><th></th><th></th><th>_%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li<></ul>	a L			_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Tryes" on line 3a(ii), are the related organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment         <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Cast or other</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Cast or other</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Cast or other</li> <li>(d) Equip</li></ul></li>	D										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part VI Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Part VI Land, Buildings, and Equipment           Complete if the organization of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1a Land         1a Land         101, 517.         28, 231.         73, 286.           d Equipment         289, 349.         255, 369.         33, 980.	С		· -								
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       3b       3b       3b       3b       3a(ii)       3b       3c       3b       3c       3b       3c	20		•	tion that are	hold and ad	ministorod for t	ho				
(i) Unrelated organizations?       3a(i)         (ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1a Land       101,517.       28,231.       73,286.         c Leasehold improvements       101,517.       289,349.       255,369.       33,980.	Ja		ssion of the organiza	lion inal are					ſ	Yes	No
(ii)       Related organizations?       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       101,517.       28,231.       73,286.         c       Leasehold improvements       101,517.       28,231.       73,286.         d       Equipment       289,349.       255,369.       33,980.		0 2									
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land											
4 Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b	с, с									
Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	4										
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par										
Image: basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	d "Yes" on Form 990	), Part IV, line	11a. See Fo	orm 990, Part X	(, line 10.				
b Buildings       101,517.       28,231.       73,286.         c Leasehold improvements       101,517.       28,231.       73,286.         d Equipment       289,349.       255,369.       33,980.		Description of property				1			(d) Bool	k valu	Э
b Buildings       101,517.       28,231.       73,286.         c Leasehold improvements       101,517.       28,231.       73,286.         d Equipment       289,349.       255,369.       33,980.	1a	Land									
c Leasehold improvements       101,517.       28,231.       73,286.         d Equipment       289,349.       255,369.       33,980.											
d Equipment         289,349.         255,369.         33,980.					101,5	517.	28,2	31.	73	3,2	86.
e Other											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))					289,3	349.	255,3	69.			
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. line 10c. d	olumn (B))				107	7,2	66.

Schedule D (Form 990) 2023

332052 09-28-23

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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 end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
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
(1) DEPOSITS			49,466.
(2) RIGHT OF USE ASSETS			4,822,303.
(3)			1,022,000
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			4,871,769.
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	<u>) . (B))</u>		<u> </u>
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightlity			. (b) Book value
(1) Federal income taxes			5,276,935.
(2) LEASE OBLIGATIONS			5,270,935.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co			5,276,935.
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2023

332053 09-28-23

#### Schedule D (Form 990) 2023 Part VII Investments - Other Securities

	LAW AND SOCIAL	D POLICY	23-7000150	Page 3							
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 c	or end-of-year market v	alue							

	edule D (Form 990) 2023 CENTER FOR LAW AND SOCIAL				7000150 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	eturn	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements			1	8,091,561.
-	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	0,051,501.
2	· · · ·	2a	196,181.		
a	Net unrealized gains (losses) on investments		190,101.	-	
b	Donated services and use of facilities			-	
c	Recoveries of prior year grants			-	
d	/ / ///////////////////////////////////				106 101
е	Add lines 2a through 2d			2e	196,181.
3	Subtract line 2e from line 1			3	7,895,380.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	. 4b			
C	Add lines <b>4a</b> and <b>4b</b>	4c	0.		
v					
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		<b>F</b>	5	7,895,380.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l		
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> 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
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt 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	ents With	Expenses per l		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt 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:	ents With	Expenses per l	Retur	'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 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
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 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
5 Pa 1 2	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 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	ents With	Expenses per l	Retur	'n
5 Pa 1 2 a b	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 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	2a 2b 2c	Expenses per l	Retur	'n
5 Pa 1 2 a b	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 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	2a 2b 2c 2d	I Expenses per I	Retur	n 10,463,383. 0.
5 Pa 1 2 a b	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 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	2a           2b           2c           2d	I Expenses per I	Retur	'n
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 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	I Expenses per I	Retur 1 2e	n 10,463,383. 0.
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.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total 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	I Expenses per I	Retur 1 2e	n 10,463,383. 0.
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.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         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:	ents With 2a 2b 2c 2c 2d 4a	I Expenses per I	Retur 1 2e	n 10,463,383. 0.
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.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         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 losses         Other losses         Other losses         Other losses 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 l	Retur 1 2e	n 10,463,383. 0. 10,463,383. 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.)         rt 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.)	ents With 2a 2b 2c 2d 4a 4b	I Expenses per I	Retur	n 10,463,383. 0. 10,463,383.

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 332054 09-28-23 Schedule D (Form 990) 2023

Schedule D (Form 990) 2023       CENTER FOR LAW AND SOCIAL POLICY       23-7000150       Page 5         Part XIII       Supplemental Information (continued)
DECEMBER 31, 2023 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, 2023, THE STATUTE OF
LIMITATIONS FOR TAX YEARS 2019 THROUGH 2023 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.
332055 09-28-23 Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I		Grants and Oth					OMB No. 1545-0047						
(Form 990)	<b>Governments, and Individuals in the United States</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.												
Department of the Treasury													
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 identific													
CENTER FOR LAW AND SOCIAL POLICY 23-70													
Part I General Information on Grants a	nd Assistance												
<b>1</b> Does the organization maintain records t	o substantiate the	e amount of the grants	or assistance, the g	grantees' eligibility	for the grants or assis	tance, and the selection							
criteria used to award the grants or assis							X Yes No						
2 Describe in Part IV the organization's pro													
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any						
·		· ·			(f) Method of								
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	( <b>h)</b> Purpose of grant or assistance						
BLUEPRINT NORTH CAROLINA: BUILDING							TO WORK COLLABORATIVELY						
EQUITABLE ECONOMIC SUPPORTS IN THE							WITH CLASP TO RECOMMEND						
SOUTH - PO BOX 607 - DURHAM, NC							ADVOCACY AND EDUCATION						
27702	27-2459538	501 (C) (3)	75,000.	0.			STRATEGIES						
							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)	10,000.	0.			GROUP						
COMMUNITY ORGANIZING AND FAMILY							TO WORK COLLABORATIVELY						
ISSUES: PLANNING PROCESS FOR CTAN							WITH CLASP TO RECOMMEND						
PARENT FELLOWS - 2245 SOUTH	26 4044620		05 000	<u>^</u>			ADVOCACY AND EDUCATION						
MICHIGAN AVENUE, SUITE 200 -	36-4044632	501 (C) (3)	25,000.	0.			STRATEGIES						
MAINE PEOPLE'S RESOURCE CENTER							TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND						
PO BOX 2490							ADVOCACY AND EDUCATION						
AUGUSTA, ME 04330	22-2586108	501 (C) (3)	20,000.	0.			STRATEGIES						
	22 2300100	501 (0) (3)	20,000.	•.			TO WORK COLLABORATIVELY						
MISSISSIPPI LOW INCOME CHILD CARE							WITH CLASP TO RECOMMEND						
INITIATIVE - PO BOX 204 - BILOXI,							ADVOCACY AND EDUCATION						
MS 39533	64-0943403	501 (C) (3)	50,000.	0.			STRATEGIES						
SPRINGBOARD TO OPPORTUNITIES:				<b>·</b>			TO WORK COLLABORATIVELY						
BUILDING ECONOMIC SUPPORTS IN THE							WITH CLASP TO RECOMMEND						
SOUTH - 518 E CAPITOL STREET -							ADVOCACY AND EDUCATION						
JACKSON, MS 39201	46-1917760	501 (C) (3)	50,000.	0.			STRATEGIES						
2 Enter total number of section 501(c)(3) and	nd government or	ganizations listed in the	e line 1 table				7.						

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

#### Schedule I (Form 990) CENTER FOR LAW AND SOCIAL POLICY

2	3-	7	0	0	0	1	5	0	Page 1
---	----	---	---	---	---	---	---	---	--------

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IE CHILDREN'S PARTNERSHIP:							TO WORK COLLABORATIVELY
HILDREN THRIVE ACTION NETWORK -							WITH CLASP TO RECOMMENI
1 WILSHIRE BLVD, STE 1000 - LOS							ADVOCACY AND EDUCATION
IGELES, CA 90017	46-4106389	501 (C) (3)	10,000.	0.			STRATEGIES

332102 11-01-23

#### Schedule I (Form 990) 2023 CENTER FOR LAW AND SOCIAL POLICY

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 assistance
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Image

**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:

Part III

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.

23-7000150

Page 2

SC	HEDULE J	Compensation Information		OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	<b>∠</b> J	)
Dena	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		
Nam	e of the organization			identificatio		mber
		CENTER FOR LAW AND SOCIAL POLICY	23-	700015	0	
Ра	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 Forr	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 fe				
		spending account Personal services (such as maid, chauffe	eur, chet)			
	If any of the street					
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
~				1b		<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 a	we of the following the examination used to establish the componentian of the examination	2			
3	-	ny, 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	committee     Written employment contract       ompensation consultant     X Compensation survey or study				
	X Form 990 of o		aammittaa			
			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	•			4a		x
b		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?			Х	<u> </u>
		size newspace from an equity based comparenties are set of the				x
Ŭ		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				<u> </u>
	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 compensat	ion			
	contingent on the r					
а	•			5a		X
		ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion			
	contingent on the n					
а	-	с 		6a		X
		ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen	s			
		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		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section		<u></u>	9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990	) 2023

LHA 332111 11-06-23

#### 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.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) INDIVAR DUTTA-GUPTA	(i)	256,250.	0.	0.	0.	10,000.	266,250.	0.
PRESIDENT & EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AKOSUA MEYERS	(i)	173,220.	0.	0.	0.	36,673.	209,893.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA SEMEDO	(i)	190,368.	0.	0.	0.	18,042.	208,410.	0.
DEPUTY EXECUTIVE DIR., COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH LOWER-BASCH	(i)	187,074.	0.	0.	0.	16,568.	203,642.	0.
DEPUTY EXECUTIVE DIR., POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WENDY CERVANTES	(i)	156,730.	0.	0.	0.	32,184.	188,914.	0.
DIRECTOR, IMMIGRATION AND IMMIGRANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EDDIE MARTIN JR	(i)	180,047.	0.	0.	0.	7,400.	187,447.	0.
DEPUTY DIRECTOR OF RACIAL EQUITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANA BAILEY	(i)	162,111.	0.	0.	0.	22,097.	184,208.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEPHANIE SCHMIT	(i)	152,359.	0.	0.	0.	27,750.	180,109.	0.
DIRECTOR, CHILD CAREDIRECTOR, AND EAR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANGELE PARKER	(i)	137,352.	0.	0.	0.	36,544.	173,896.	0.
DIRECTOR OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TOM SALYERS	(i)	149,489.	0.	0.	0.	23,332.	172,821.	0.
DIRECTOR, COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### 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

IMMIGRATION --

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number 23 - 7000150

POLICY CROSS CUTTING --

EXPENSES \$ 3,056,399. INCLUDING GRANTS OF \$ 84,600. REVENUE \$ 0.

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

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM IN CONSULTATION WITH THE ORGANIZATION'S MANAGEMENT. THE AUDIT COMMITTEE THOROUGHLY REVIEWED THE FORM 990 AND ADVISED MANAGEMENT IF THERE WERE ANY ISSUES THAT NEED TO BE ADDRESSED BEFORE FILING. A DRAFT OF FORM 990 WAS SENT TO EACH DIRECTOR FOR REVIEW. THE BOARD RECEIVED A FINAL COPY PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION REVIEWS ITS CONFLICT OF INTEREST POLICY ANNUALLY. THE BOARD CHAIR AND EXECUTIVE DIRECTOR (ED) WITH THE BOARD, MONITOR POTENTIAL BOARD CONFLICTS. THE ED AND THE CHIEF OPERATING OFFICER REVIEW ANY CONCERNS WITH KEY STAFF AND THE CHIEF OPERATING OFFICER REVIEWS ANY CONCERNS WITH THE EXECUTIVE DIRECTOR. IF THE BOARD CHAIR/ED DETERMINE THAT A POTENTIAL CONFLICT OF INTEREST COULD AFFECT A CONTRACT OR TRANSACTION, THE BOARD GATHERS ALL MATERIAL FACTS AS TO THE RELATIONSHIP OR INTEREST AND AS TO THE CONTRACT OR TRANSACTION AND CAN, IN GOOD FAITH, AUTHORIZE THE CONTRACT OR TRANSACTION BY THE AFFIRMATIVE VOTES OF A MAJORITY OF THE DISINTERESTED DIRECTORS EVEN THOUGH THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM.

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

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

UPDATING SALARIES DEVELOPED BY AN EXTERNAL CONSULTANT IN 2014 AND AGAIN IN

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

BOARD THEN REVIEWED AND APPROVED THE OVERALL COMPENSATION PLAN. THE MINUTES
332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization CENTER FOR LAW AND SOCIAL POLICY	Employer identification number $23 - 7000150$
INCLUDE A REFERENCE TO THIS PROCESS. THE EXECUTIVE DIRECTOR	R'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 A	ND WAS NOT
INCREASED. IN JULY 2021, THE BOARD APPROVED A SALARY AND R	ETIREMENT
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, O	R, 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.

Schedule O (Form 990) 2023

332212 11-14-23

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 Information					
For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/	2023 and Ending (i	mm/dd/yyyy) 12/31/2	023	
Check if Applicable:	Name of Organization: CENTER FOR LAW	AND SOCIAL PO	DLICY	Employer Identification Number (EIN): $23 - 7000150$	
Name Change	Mailing Address: 1310 L STREET,	NW		NY Registration Number: $14 - 46 - 16$	
Final Filing	City / State / ZIP: WASHINGTON, DC	20005		Telephone: 202 906-8004	
Reg ID Pending	Website: HTTPS://WWW.CL.	ASP.ORG/		Email:	
Check your organization's registration category:	S X 7A only EPTL	only DUAL (7A &		onfirm your Registration Category in the narities Registry at <u>www.CharitiesNYS.com</u> .	
2. Certification					
See instructions for certifi two signatories.	ication requirements. Improper	r certification is a violation of	of law that may be subject to	penalties. The certification requires	
	enalties of perjury that we revie e true, correct and complete in			est of our knowledge and belief, blicable to this report.	
			OLIVIA GOLD	EN	
President or Authorized	Officer:		INTERIM PRE	SIDENT AN	
	Signature		Print Name	and Title Date	
Chief Financial Officer or	Treasurer:				
	Signature		Print Name	and Title Date	
3. Annual Reporting	Exemption				
Check the exemption(s) the	hat apply to your filing. If your	organization is claiming an	exemption under one categories	ory (7A or EPTL only filers) or both	
categories (DUAL filers) th	nat apply to your registration, o	complete only parts 1, 2, ar	nd 3, and submit the certified	Char500. No fee, schedules, or	
additional attachments ar	e required. If you cannot claim	an exemption or are a DU	AL filer that claims only one	exemption, you must file applicable	
schedules and attachmer	nts and pay applicable fees.				
		•		ernment agencies, etc. did not	
	5,000 and the organization did	d not engage a professiona	l fund raiser (PFR) or fund ra	ising counsel (FRC) to solicit	
contributio	ons during the fiscal year.				
		s did not exceed \$25,000 a	and the market value of asse	ts did not exceed \$25,000 at any time	
during the	fiscal year.				
4. Schedules and A	ttachments				
See the following page					
for a checklist of				sing counsel or commercial co-venturer	
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.					
attachments to					
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.					
5. Fee					
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:		
	e e e e e e e e e e e e e e e e e e e		rotariee.	Make a single check or money order	
next page to calculate you fee(s). Indicate fee(s) you				payable to:	
are submitting here:	\$ 25.	\$	\$ 25.	"Department of Law"	
are submitting here.					
-	r Charitable Organizations (Up fers to an organization's NYS	•	not refer to its IRS tax desig	nation.	

368451 04-01-23 1019

1 2023.05000 CENTER FOR LAW AND SOCIAL CLASP__1

#### CENTER FOR LAW AND SOCIAL POLICY

<b>GRARDUU</b> Annual Filing Checklist	<ul> <li>Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.</li> <li>Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.</li> <li>Your organization is registered as DUAL and you marked <u>both the 7A and EPTL filing exemption in Part 3</u>.</li> </ul>
Checklist of Schedules and	I Attachments
If you answered "yes" in Part 4	nit with your CHAR500 as described in Part 4: Ia, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) Ib, submit Schedule 4b: Government Grants
Check the financial attachments you X IRS Form 990, 990-EZ, or 990-I All additional IRS Form 990 Sc disclosure and will not be avail	PF, and 990-T if applicable hedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from
%	or and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the n IRS Form 990-EZ for state purposes only.
Review Report if you received to     Audit Report if you received to     If the fiscal year begins before     No Review Report or Audit Rep	bmit the applicable independent Certified Public Accountant's Review or Audit Report: total revenue and support greater than \$250,000 and up to \$1,000,000 tal revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. that date, an Audit Report is required if total revenue and support is greater than \$750,000 port is required because total revenue and support is less than \$250,000 ted box 3a, no Review Report or Audit Report is required
Calculate Your Fee	

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

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 pr 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 Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York 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 <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. 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 <u>www.CharitiesNYS.com.</u>

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)).

368461 04-01-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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2023.05000 CENTER FOR LAW AND SOCIAL CLASP_1

#### ** 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

Inspection

Department of the Treasury Internal Revenue Service

AF	or the	e 2023 calendar year, or tax year beginning and and a	ending				
B c a	heck if pplicabl	e: C Name of organization	D Employer identification number				
	Addre] chang Name	E CENTER FOR LAW AND SOCIAL POLICY					
	_chang	e Doing business as		23-7000150			
	return	,	Room/suite	E Telephone number			
	Final return termin			(202) 90	5-8004		
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 7,895,380			
	return	WASHINGTON, DC 20005		H(a) Is this a group re			
	Applic tion pendii	F Name and address of principal officer: OLIVIA GOLDEN		for subordinates? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> </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 exemption			
		organization: 🔀 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: CENTE	ER FOR	LAW AND SOC	CIAL POLICY		
nce D		(CLASP) IS A NATIONAL, NONPARTISAN, ANTI-	POVERI	Y NONPROFIT	ADVANCING		
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u>21</u> 20		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	nt voting members of the governing body (Part VI, line 1b)				
8 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	70		
Activities &	6	Total number of volunteers (estimate if necessary)		6	20		
cti			otal unrelated business revenue from Part VIII, column (C), line 12				
_ <				0.			
				Prior Year	Current Year		
ø	8	Contributions and grants (Part VIII, line 1h)	17,255,680.	7,394,903.			
Revenue	9	Program service revenue (Part VIII, line 2g)		18,790.	209,700.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,713.	270,834.		
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,043.	19,943.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,306,226.	7,895,380.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		476,000.	529,100.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,486,028.	7,500,520.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
be		Total fundraising expenses (Part IX, column (D), line 25) 689,00	05.				
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,218,518.	2,433,763.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,180,546.	10,463,383.		
	19	Revenue less expenses. Subtract line 18 from line 12		7,125,680.	-2,568,003.		
or			Be	ginning of Current Year	End of Year		
Assets Balanc		Total assets (Part X, line 16)		25,852,817.	23,063,796.		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	21	Total liabilities (Part X, line 26)		6,324,014.	5,906,815.		
Fund		Net assets or fund balances. Subtract line 21 from line 20		19,528,803.	17,156,981.		
Pa		Signature Block	•		•		
L Local							

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

Sign	Signature of officer			Date		
-	OLIVIA GOLDEN, INTERIM PF	RESIDENT AND EXECUTIVE	E DIR			
	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 CENTE	RAL AVE, SUITE 250				
	OWINGS MILLS, MD 21117 Phone no. (410) 584-0060					
May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) CENTER FOR LAW AND SOCIAL POLICY 23-7000)150	Page 2
Pa	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, NONPART		
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE	<u>i LIVE</u>	is 📃
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL YET VISIONARY		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORTUNITY,	, AND	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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	XNo
	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 measured by e	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,050,259. including grants of \$57,000.) (Revenue \$)
	YOUTH :		
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NONPARTI		70
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE	7 TTAE	<u>۲-</u>
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VISIONARY		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORTUNITY, ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOPLE OF		<u> </u>
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL		
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC		, מנ
	SECURITY AND RACIAL EQUITY		
	SECONIII AND NACIAL EQUIII		
4b	(Code:) (Expenses \$ 1,480,143. including grants of \$ 175,000.) (Revenue \$		<u> </u>
70	POVERTY AND INCOME SUPPORT PROGRAMS:)
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NONPART	SAN.	
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE		IS
	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		۲.
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL		
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC		
	SECURITY AND RACIAL EQUITY.		
4c	(Code:) (Expenses \$1, 595, 684. including grants of \$212, 500.) (Revenue \$	9,5	5 50.)
	CHILD CARE AND EARLY EDUCATION		
	CENTER FOR LAW AND SOCIAL POLICY (CLASP) IS A NATIONAL, NONPART		
	ANTI-POVERTY NONPROFIT ADVANCING POLICY SOLUTIONS TO IMPROVE THE	<u>LIVE</u>	<u>15</u>
	OF PEOPLE WITH LOW INCOMES. WE DEVELOP PRACTICAL, YET VISIONARY		
	STRATEGIES FOR REDUCING POVERTY, PROMOTING ECONOMIC OPPORTUNITY,		
	ADDRESSING INSTITUTIONAL AND RACIAL BARRIERS FACED BY PEOPLE OF		
	WITH OVER 50 YEARS' EXPERIENCE AT THE FEDERAL, STATE, AND LOCAL	LEVEI	, צי
	WE'RE ADVANCING A BOLD VISION FOR THE FUTURE ROOTED IN ECONOMIC		
	SECURITY AND RACIAL EQUITY		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 3,056,399. including grants of \$ 84,600.) (Revenue \$)	
4e	Total program service expenses8,182,485.		00
		Form 9	90 (2023)
332002	2 12-21-23		

-	~~~	(0000)
⊢orm	990	(2023)

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		_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
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
α	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	4.4%		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- ^ _
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- 23
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	– "		
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
13		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
332003				(2023)

332003 12-21-23

Form	990	(2023)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X 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		х	
04-	Schedule J	23	Δ	<u> </u>
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	0.4		x
	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		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
		<u>24u</u>		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the voor? (6) (4) and (2) and (2) and (2) and (3) a	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	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>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Par	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			\square
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 96	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	1

332004 12-21-23

Form 990 (2023)

Part IV Statements Regarding Other IRS Filings and Tax Compliance (continued) Ves. No. 2a Enter the number of enpryses reported on Form W3. Transmittal of Wage and TaxS Statements. 2a X b If a test one is reported on line 2a, did the cognization file all required defail engineed test returns? 2a X b If a test one is reported on line 2a, did the cognization file all required defail engineer on the admittance one of the one of the admittance one of the one of the admittance one of the one one of the one of the one one of the one one of the one one one one of the one one one one one one one one one on	Form	990 (2023) CENTER FOR LAW AND SOCIAL POLICY 23-7000	150	Р	_{age} 5							
2a Enter the number of employees reported on Form W/S, Transmittal of Wage and Tax Statements, 2a 70 b If at least one in reported on line 2a, di bh organization file all required federal employment tax returns? 2b X b If at least one in reported on line 2a, di bh organization file on orme or uning the war? 3b X b If Yes, 'has if field a Form 900 T for this year? /f Yeo 'to line 3b, provide an explenation on Schedule O 3b X b If Yes, 'has if field a Form 900 T for this year? /f Yeo 'to line 3b, provide an explenation on Schedule O 4a X b If Yes, 'hast if field a Form 900 T for this year? /f Yeo 'to line 3b, provide an explenation on Schedule O 4a X b If Yes, 'hast if field a form 900 T for this year? /f Yeo 'to line 3b, provide an explenation account (FBAR). 5a X 5a Was the organization have annual gross recepts that account systemet tax solution schedule Accounts (FBAR). 5a X 5a Was the organization have annual gross recepts that ac normally greater than \$100,000, and did the organization solicit an explemation schedule account in a construct tax deductable? 5a X 6a Was the organization have and traves of \$25 mate party as a contribution and party for golds and services provided to the party of the orga	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
Telester Telester Telester Telester 30 Def the organization have urrelated business gross income of \$1,000 or more during the year? Telester Telester <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No							
b If a least one is responsed on line 2a. di the organization file all required teoral employment tax returns? 2b. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a All ary time during the calendar year. did the organization have an interest in, or a signature or other nauthority over, a dination on Schedule O 3a X b I* Yes, 'enter the name of the foreign country is used as a bank account, securities account, or other financial accounts (EBAR). 5a X 5a Box the organization a party to a prohibited tax sheler transaction at any time during the tax year? 5a X 5b Dod any taxability party on the used organization that was or is a party to a prohibited tax sheler transaction? 5b X c If Yes,'' other bar ganzation that was or is a party to a prohibited tax sheler transaction? 5b X d Dod any taxability party on the used organization that are onemally greater than \$100,000, and did the organization solicit any contributions and party to are other walkes of the good are services provided? 7c X 7 7 organization noise any film dispose of tangibi personal property for which it was required? 7c X 7 7 organization noise any film dispose of tangibi personal property for which it was required? 7c X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
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b If "Yes", "the it flied a Form 90-1 for this yea? Jf "No" to fine 3b, provide an explexation on Solvakie O 96 4 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 accounts (FEAR). 4a X b If "Yes," online 5a or 5b, did the organization have an interaction at any time during the tax year? 5a X 5D Dod any taxable party notify the organization have an interaction? 5a X c If Yes," online 5a or 5b, did the organization have an interaction? 5a X 6D Dod any taxable party notify the organization have an interaction? 5a X 10 If Yes," to the organization have non tax doductible ac chartable contributions? 5a X 10 If Yes," to the organization needed with very solicitation an express statement that such contributions or gifts were not tax doductible? 7a X 7 Organization have an outper control of the value of the good as contributions or gifts were not tax doductible? 7a X 7 Organization have appoint it excess of S75 made parity as a contribution and parity for good and services provided ? 7a X 11 Tyes," indicate the number of Forms 8282? Hield du	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
b If "Yes," has t Hied a Form 990-Tor this year? <i>If Yeb</i> 'to fame 3b, provide an explemation on Schedule 0 3b d At any time during the calendary year, dthe torogranization have an interest in, or a signature or other subtority over, a transcal account? 4s b If "Yes," enter the name of the toreign country (such as a bark account, securities account, or other financial accounts? 4s X b If "Yes," enter the name of the toreign country (such as a bark account, securities account, or other financial accounts? 5a X 5a Was the organization have normally organization have the organization have set on transaction? 5a X c Dod any taxable party notify the organization have that was or is a party to a prohibited tax shefter transaction? 5c - 6a Dod any taxable party notify the organization have party to a prohibited tax shefter transaction? 5c - 7a Dod any taxable party notify the organization have party to a prohibited tax shefter transaction? 7a - 7b If "Yes," to the organization have many creaker deductible contributions and express statement that such contributions or gifts were not tax deductible? 7a - 7b Ves, "indicate the number of Forms 3282 field during the year 7d - 7a - 7a If "Yes," indit the		3a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is (created as bank account, securities account, or other financial accounts)? 4a X b If 'Yes', enter the name of the foreign country securities account, or other financial accounts (cEBAR). 5a X 5a Was the organization apprive to a prinhibited tax shafter transaction at any time during the tax year? 5a X 5b If 'Yes' in the organization bare annual prose receipts that are normally greater than \$100,000, and did the organization solidit ary contributions tax deductibles or tangling preventions on a personal benefit contract? 7a X 7 Ves, 'indicate the number of Forms 8222 field during the year 7d 7d 7d 7 Ves, 'indicate the number of Forms 8222 field during the year? 7a 7d 7d 7d 7d 7d 7d 7d <th></th> <th></th> <th>3b</th> <th></th> <th></th>			3b									
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b Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction? 56 X c If "Yes" to line Sa or Sb, did the organization file Form 8886-T? 56 56 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charatable contributions? 56 X D 0''''''''''''''''''''''''''''''''''''		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 66 7 Organizations that may receive deductible contributions under section 170(c). 77 X 0 If "Nes," if did the organization neceive a payment in excess of \$5's made parity as a contribution and parity for goods and services provided? 78 X 0 If "Nes," if did the organization neceive a payment in excess of \$5's made parity as a contribution son a personal benefit contract? 76 X 0 If "Nes," indicate the number of Forms 8282 filed during the year 7d X X 0 If the organization neceive any function, or a personal benefit contract? 76 X 10 If the organization during the year, pay permitums, directly, or advised fund maintained by the sponsoring organization maintaining donor advised fund maintained by the sponsoring organization maintaining donor advised fund maintained by the sponsoring organization make a distribution to a done, donor, donor advised fund maintained by the sponsoring organization make a distribution and/eact of the sources againstift, during done advised fund maintained by the sponsoring organization. The form 30% pay taxable distributions under source againstift, during done advised fund maintained by the sponsoring organization make a distribution to a done, donor advised fund maintained by the sponsoring organization maintaining done advised fund maintained by the sponsoring organization. Enter: 10 10												
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7 Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor. 7a X 8 Did the organization notify the donor of the value of the goods or services provided? 7c X 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X 8 Did the organization ontify the donor of the value of the goods or services provided? 7c X 9 Did the organization receive any tunds, directly or indirectly, or a personal benefit contract? 7t . 9 If the organization organization diring the year perminums, directly or indirectly, or a personal benefit contract? . . . 9 Sponsoring organization maintaining donor advised funds. .			6b									
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Form **990** (2023)

Form 990	(2023)
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CENTER FOR LAW AND SOCIAL POLICY

23-7000150 Page 6

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.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section 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 21								
	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	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 1b 20								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:								
	The governing body?	8a	Х						
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 reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	 b 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 interact policy? (CHAC Have to the 10 								
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
U	on Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_O								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finano	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records $CENTEP = COP + AND = COCTAT = POL + CV = -(202) = 0.6 - 9.004$								
	CENTER FOR LAW AND SOCIAL POLICY - (202) 906-8004 1310 L STREET, NW, WASHINGTON, DC 20005								
		Family	990	(2023)					
332006	§ 12-21-23	Form	530	(2023)					

Part VII	Со	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	d
	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 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.

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 one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		n an	compensation	compensation	amount of		
	week				reciu	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee,	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	n stit utio nal tru stee	L_	m ploy	st col	5	1000 1120/		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) INDIVAR DUTTA-GUPTA	40.00									
PRESIDENT & EXECUTIVE DIRECTOR		х		Х				256,250.	Ο.	10,000.
(2) AKOSUA MEYERS	40.00									
PROGRAM DIRECTOR						X		173,220.	0.	36,673.
(3) BARBARA SEMEDO	40.00									
DEPUTY EXECUTIVE DIR., COMMUNICATION					Х			190,368.	0.	18,042.
(4) ELIZABETH LOWER-BASCH	40.00									
DEPUTY EXECUTIVE DIR., POLICY					Х			187,074.	0.	16,568.
(5) WENDY CERVANTES	40.00									
DIRECTOR, IMMIGRATION AND IMMIGRANT						X		156,730.	0.	32,184.
(6) EDDIE MARTIN JR	40.00									
DEPUTY DIRECTOR OF RACIAL EQUITY					х			180,047.	0.	7,400.
(7) DANA BAILEY	40.00									
CHIEF OPERATING OFFICER				X				162,111.	0.	22,097.
(8) STEPHANIE SCHMIT	40.00									
DIRECTOR, CHILD CAREDIRECTOR, AND EAR						X		152,359.	0.	27,750.
(9) ANGELE PARKER	40.00									
DIRECTOR OF HUMAN RESOURCES						X		137,352.	0.	36,544.
(10) TOM SALYERS	40.00									
DIRECTOR, COMMUNICATIONS						X		149,489.	0.	23,332.
(11) DAVID HANSELL	1.00									_
BOARD CHAIR (6/22 -PRESENT)		х		X				0.	0.	0.
(12) SHERECE WEST-SCANTLEBURY	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(13) CARISA STANLEY	1.00									_
BOARD MEMBER		х						0.	0.	0.
(14) JARRETT BARRIOS	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(15) JAMIRA BURLEY	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(16) MICHAEL CAMUNEZ	1.00									
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(17) DONNA COOPER	1.00								•	2
BOARD MEMBER		Х						0.	0.	0.

332007 12-21-23

Form 990 (2023)

Form 990 (2023)	CENTER FO	OR LAW A	ND) S	OC	'IA	Γ	PC	DLICY	23-7000	150	Page 8
Part VII Secti	ion A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)		
	(A)	(B)				C)	-		(D)	(E)		(F)
	Name and title	Average			Pos	ition			Reportable	Reportable		mated
		hours per					than o is both		compensation	compensation		ount of
		week					or/trus		from	from related		ther
		(list any	ctor						the	organizations		ensation
		hours for	- direc				5		organization	(W-2/1099-MISC/		m the
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	orgai	nization
		organizations	l trus	nal tr		oyee	d mo		1099-NEC)		and	related
		below	ndividual trustee or director	nstitutional trustee	cer	em pl	Highest compensated employee	Former			organ	nizations
		line)	Indi	Inst	Officer	Key	High	For				
(18) ANGELA D	IAZ	1.00										
BOARD MEMBER			Х						0.	0.	<u> </u>	0.
(19) DAVID DO	DSON	1.00										
BOARD MEMBER			Х						0.	0.		0.
(20) STEVEN D	WO	1.00										
BOARD MEMBER			Х						0.	0.		0.
(21) PETER ED	ELMAN	1.00										
BOARD MEMBER			Х						0.	0.		0.
(22) GENE NIC	HOL	1.00										
BOARD MEMBER			х						0.	0.		0.
(23) DENEA JO	SEPH	1.00										
SECRETARY			х						0.	0.		0.
(24) SIMON LA	ZARUS	1.00									1	
BOARD MEMBER			х						0.	0.		0.
(25) SUNIL MA	NSUKHANI	1.00										
BOARD MEMBER			х						0.	0.		0.
(26) EDWARD M	ONTGOMERY	1.00									1	
BOARD MEMBER			х						0.	0.		0.
1b Subtotal									1,745,000.	0.		,590.
•	continuation sheets to Part VI								0.	0.		0.
	lines 1b and 1c)								1,745,000.	0.	_	,590.
	er of individuals (including but n										1 200	75500
	ion from the organization		030	11310	uac	000	<i>y</i> wii	010				10
compensat	Ion from the organization											Yes No
	eningtion list on former officer							. In :				
	anization list any former officer,											x
	Yes," complete Schedule J for s										3	
	ividual listed on line 1a, is the su											v
	organizations greater than \$150										4	<u>x</u>
	rson listed on line 1a receive or a									ual for services		37
	the organization? If "Yes." com	plete Schedule	e J fo	or su	ich i	oers	on .				5	X
	pendent Contractors											
•	his table for your five highest co	•	•							· ·	ation fron	n
the organiz	ation. Report compensation for	the calendar ye	ear e	endin	ig w	rith c	or wi	thin	the organization's tax ye	ear.		
	(A)								(B)		(C)	
	Name and business								Description of s	ervices	Compens	sation
	WHITLEY, 2958 NC		DI	NG					FINANCE AND			
AVENUE, H	IUNTERSVILLE, NC	28078							ADMINISTRATI	7E CONSU	110	,327.
2 Total numb	er of independent contractors (ii	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mo	re than		
	of compensation from the organiz					1	L		,			

SEE PART VII, SECTION A CONTINUATION SHEETS 332008 12-21-23

Form 990 CENTER FOR LAW AND SOCIAL POLICY 23-7000150											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average				ition			Reportable	Reportable	Estimated	
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of	
	per week					e		from the	from related organizations	other compensation	
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the	
	hours for	r dire				ted en		(W-2/1099-MISC)		organization	
	related	stee o	trustee		æ	pensa				and related	
	organizations	ual tru	ional 1		ploye	tcom				organizations	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former				
(27) ANNIE BURNS	1.00		-	0	×	<u> </u>	ш.				
BOARD VICE CHAIR (9/21-PRESENT)	1000	x		х				0.	0.	0.	
(28) JOHN M. BOUMAN	1.00										
BOARD MEMBER		х		х				0.	0.	0.	
(29) ALEXANDRA CAWTHORNE-GAINES	1.00										
BOARD MEMBER		х						0.	0.	0.	
(30) ERICA WILLIAMS	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(31) JEWEL MULLEN	1.00										
BOARD MEMBER		Х						0.	0.	0.	
						-					
		i									
		1									
		1									
		<u> </u>									
										<u> </u>	
		•									
Total to Part VII Section A line 10	tol to Dart VII. Santian A. ling to										
Total to Part VII, Section A, line 1c								l	l	L	

332201 04-01-23

		(2023) CENTER FOR LA	W AND SOC	CIAL POLICY	ζ	23-7000	150 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin			(2)	
				(A) Tatal waxaa waxaa	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
ς, ω	1 a	Federated campaigns 1a					
ant	b						
ັອ ຊີ	c						
Â,	ט ה	- -					
ia i	d						
ns,	е	Government grants (contributions) 1e					
er i	f	All other contributions, gifts, grants, and	204 002				
Contributions, Gifts, Grants and Other Similar Amounts			394,903.				
d tr	g	Noncash contributions included in lines 1a-1f					
ы С	h	Total. Add lines 1a-1f		7,394,903.			
			Business Code				
é	2 a		900099	170,850.	170,850.		
, zi	b	PROGRAM REVENUE	900099	29,300.	29,300.		
Sei	с	HONORARIUM	900099	9,550.	9,550.		
E a	d				-		
Program Service Revenue	e						
Pro	f	All other program service revenue					
_	•			209,700.			
	<u>g</u> 3	I otal. Add lines 2a-21 Investment income (including dividends, intere		205,100.			
	3			270,834.			270,834.
	_	other similar amounts)		270,054.			270,034.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
Ð	~	and sales expenses					
venue		Gain or (loss)					
c)							
Other R		Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
the	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b						
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b						
	с	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10t					
		Net income or (loss) from sales of inventory	-				
			Business Code				
sn	44 -	MISCELLANEOUS REVENUE	Lucinoco Oode	19,943.			19,943.
leol	11 a			, <u>74</u> J•			<u> </u>
llan 'eni	b						
scellaneo <u>Revenue</u>	С						
Miscellaneous Revenue	d	All other revenue		10.040			
_	е	Total. Add lines 11a-11d		19,943.			
	12	Total revenue. See instructions		7,895,380.	209,700.	0.	290,777.
33200	9 12-21	-23					Form 990 (2023)

332009 12-21-23

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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in t (A)	his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	529,100.	529,100.		
2	Grants and other assistance to domestic	525,100.	525,1001		
2					
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	1,744,655.	1,396,000.	226,850.	121,805.
6	Compensation not included above to disqualified	1,711,055.	1,330,0001	220,030.	121,005.
0					
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		4,307,287.	3,510,857.	495,795.	300,635.
7 8	Other salaries and wages Pension plan accruals and contributions (include		5,510,057.		500,055.
0	section 401(k) and 403(b) employer contributions)	202,421.	161,969.	26,320.	14 132
9		770,947.	615,832.	101,943.	<u>14,132.</u> 53,172.
9 10	Other employee benefits Payroll taxes	475,210.	384,920.	57,025.	33,265.
		475,210.	504,520.	57,025.	55,205.
11	Fees for services (nonemployees): Management				
a b		13,022.	3,516.	9,246.	260.
b		117,399.	31,698.	83,353.	2,348.
с с	Accounting	117,555.	51,050.	05,555.	2,540.
d	Lobbying Professional fundraising services. See Part IV, line 17				
e 4	Investment management fees				
f					
g	column (A), amount, list line 11g expenses on Sch 0.)	863,024.	607,027.	188,247.	67,750.
12	Advertising and promotion	000,0140	007,027.	100,247.	01,150.
12 13		95,092.	28,448.	62,894.	3 750.
13 14	Office expenses Information technology	60,000.	16,200.	42,600.	3,750. 1,200.
14 15		00,000.	10,200.	42,000	1,200.
16	Royalties	659,825.	534,458.	79,179.	46,188.
17	Occupancy Travel	82,759.	67,159.	13,365.	2,235.
18	Iravel Payments of travel or entertainment expenses	0277051	0771001		272331
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	209,164.	135,689.	45,671.	27,804.
20	-	20072010			27,0010
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	102,891.	83,342.	12,347.	7,202.
22		22,700.	18,387.	2,724.	1,589.
23 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	96,642.	15,585.	78,817.	2,240.
b	DUES AND REGISTRATIONS	21,615.	14,811.	5,398.	1,406.
c	PRINTING AND DUPLICATIO	15,582.	9,531.	5,274.	777.
d				· · · · · · · · · · · · · · · · · · ·	
	All other expenses	74,048.	17,956.	54,845.	1,247.
25	Total functional expenses. Add lines 1 through 24e	10,463,383.	8,182,485.	1,591,893.	689,005.
26	Joint costs. Complete this line only if the organization		. ,	, ,	,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
332010) 12-21-23	L	1		Form 990 (2023)
					(-)

Form 990 (2023)

Part X Balance Sheet

CENTER FOR LAW AND SOCIAL POLICY

23-7000150 Page 11

	Check if Schedule O contains a response or note to any line in this Part X										
		•			(A)		(B)				
					Beginning of year		End of year				
	1	Cash - non-interest-bearing			4,207,521.	1	1,712,467.				
	2	Savings and temporary cash investments			4,325,436.	2	4,375,847.				
	3	Pledges and grants receivable, net			1,430,000.	3	1,585,000.				
	4	Accounts receivable, net			145,950.	4	69,415.				
	5	Loans and other receivables from any current or									
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%							
		controlled entity or family member of any of the	se perso	ons		5					
	6	Loans and other receivables from other disquali	fied per	sons (as defined							
		under section 4958(f)(1)), and persons described	ion 4958(c)(3)(B)		6						
s	7	Notes and loans receivable, net			7						
Assets	8	Inventories for sale or use				8					
Ä	9				195,238.	9	137,367.				
	10a	Land, buildings, and equipment: cost or other									
		basis. Complete Part VI of Schedule D	10a	390,866.							
	b	Less: accumulated depreciation	10b	283,600.	170,806.	10c	107,266.				
	11	Investments - publicly traded securities			10,040,156.	11	10,204,665.				
	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			5,337,710.	15	4,871,769.				
	16	Total assets. Add lines 1 through 15 (must equ		1	25,852,817.	16	23,063,796.				
	17	Accounts payable and accrued expenses		601,523.	17	629,880.					
	18	Grants payable		18							
	19	Deferred revenue			19						
	20	Tax-exempt bond liabilities			20						
	21	Escrow or custodial account liability. Complete				21					
ies	22	Loans and other payables to any current or forn									
oilit		trustee, key employee, creator or founder, subs									
Liabilities	00	controlled entity or family member of any of the		F		22					
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23 24					
	24 25	Unsecured notes and loans payable to unrelated				24					
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines									
					5,722,491.	25	5,276,935.				
	26	Table Billing Add Base 47 Marcark OF			6,324,014.	26	5,906,815.				
		Organizations that follow FASB ASC 958, che	ck here		.,,	20	0,000,0100				
es		and complete lines 27, 28, 32, and 33.									
anc	27				13,420,390.	27	13,587,530.				
Bala	28	Net assets with donor restrictions		Γ	6,108,413.	28	13,587,530. 3,569,451.				
lpu		Organizations that do not follow FASB ASC 9									
Ъ		and complete lines 29 through 33.									
, or	29	Capital stock or trust principal, or current funds			29						
sets	30	Paid-in or capital surplus, or land, building, or ed			30						
Ast	31	Retained earnings, endowment, accumulated in				31					
Net Assets or Fund Balances	32	Total net assets or fund balances			19,528,803.	32	17,156,981.				
	33	Total liabilities and net assets/fund balances			25,852,817.	33	23,063,796.				

Form 990 (2023)

Form	990 (2023) CENTER FOR LAW AND SOCIAL POLICY	23-	7000150	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	7,89		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,463		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,56		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,52		
5	Net unrealized gains (losses) on investments	5	19	5,1	81.
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	17,15	5,9	<u>81.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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				
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	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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?			Х	<u> </u>
	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?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	(2022)
			Гаша		$(n \cap (n \cap (n)))$

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047				
2023				
Open to Public Inspection				

-

Nan	ne or i	ne organization ្ពាសាបា		AND GOCTAL I		7			3 - 7000150
Pa	irt I	Reason for Public (AND SOCIAL					3-7000130
1 1	lorgan	ization is not a private found					()(A)(;)		
2	\square	A church, convention of chi A school described in sect					I)(A)(I).		
2	\square					(L)(1)(A)(;;	::)		
4	H	A hospital or a cooperative A medical research organiz						iiii) Enter	the hospital's name
4		city, and state:		ijuneton wara nospitar	acsenbed	- Sectio	,,,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ing. Enter	the hospital s hame,
5		An organization operated for	or the benefit of a col	lege or university owned	l or operati	ed by a do	vernmental un	it describe	n d in
J		section 170(b)(1)(A)(iv). (C			or operation	ou oy u ge			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
•		section 170(b)(1)(A)(vi). (C			onn a gore			general	
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college							
-		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
		university:	, , ,	,		, ,	,	5	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	o fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carı	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	5 09(a)(2) .	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and ⁻	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typ	oically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	ctors or trustee	s of the su	ipporting
		organization. You must o	-						
b		Type II. A supporting org	-				•		-
		control or management o			ame perso	ns that co	ntrol or manage	e the supp	ported
		organization(s). You mus							
C		J Type III functionally inte					-	/ integrate	d with,
		its supported organization		-					
c		J Type III non-functionally						-	
		that is not functionally int			•		-	an attentiv	eness
		requirement (see instructi							
e		Check this box if the orga functionally integrated, or					турет, турет	, type iii	
f	Ente	er the number of supported of							
c		vide the following information	•	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Tota	al								

Schedule A (Form 990) 2023 Part II Support Sch

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11051557.	836,922.	12063696.	14304255.	7565753.	45822183.
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 \dots						
4	Total. Add lines 1 through 3	11051557.	836,922.	12063696.	14304255.	7565753.	45822183.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						17685050.
	Public support. Subtract line 5 from line 4.						28137133.
See	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	11051557.	836,922.	12063696.	<u>14304255.</u>	7565753.	45822183.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	19,682.	6,375.	3,296.	67,226.	270,834.	367,413.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	38,078.	5,240.		3,043.	19,943.	
	Total support. Add lines 7 through 10						46255900.
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
<u> </u>	organization, check this box and sto						
	ction C. Computation of Publ		-	. (2)			60.02
	Public support percentage for 2023 (•			14	<u>60.83</u> %
	Public support percentage from 2022					15	<u>58.78 %</u>
168	33 1/3% support test - 2023. If the						37
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the						
47	and stop here. The organization qua						
1/8	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	vi now the organiz	
Ŀ.	meets the facts-and-circumstances test	•	•		•	7a and line 15 is	∟
C	 10% -facts-and-circumstances test more, and if the organization meets the 	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				
				a, 100, 17a, 01 17a			(Form 990) 2023

332022 12-21-23

_	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support	1	1		1	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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-						
4	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						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				(
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 5	01(c)(3) organi	zation,
_	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I			column (f))		15	%
<u>16</u>						16	%
	ction D. Computation of Inves					47	
17 10	· •					17	<u>%</u>
18 19:	Investment income percentage from a 33 1/3% support tests - 2023. If the			on line 14 and line		18	% 9e 17 is not
196	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2022. If the						∟ % and
L	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23			,,			Ile A (Form 990) 2023

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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)

Schedule A (Form 990) 2023

23-7000150 Page 3

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.)

332024 12-21-23

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 CENTER FOR LAW AND SOCIAL POLICY

1

V. N

Yes No

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

were a majority of the organization's directors of 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	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- 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 ent	ity (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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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

CENTER FOR LAW AND SOCIAL POLICY

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

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

23-7000150 Page 6

332026 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 CENTER FOR LAW AND SOCIAL POLICY Z Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) (continued)

Sect	Section 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						
3	Administrative expenses paid to accomplish exempt purpose						
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 (<i>describe in</i> Part VI). See instructions.		6	;			
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which th	e organization is responsive					
	(provide details in Part VI). See instructions.	5	8				
9	Distributable amount for 2023 from Section C, line 6		g)			
10	Line 8 amount divided by line 9 amount		10)			
		(i)	(ii)	(iii)			
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
a	From 2018						
b	From 2019						
с	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2019						
b	Excess from 2020						
с	Excess from 2021						
d	Excess from 2022						
P	Excess from 2023						

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	CENTER	FOR LA	W AND	SOCIAL	POLICY	23-7000150 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I	1, 2, 3b, 3c, 4b,), lines 2 and 3; I	4c, 5a, 6, 9a Part IV, Secti	a, 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) 2023

332028 12-21-23

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

CENTER F	OR	LAW	AND	SOCIAL	POLICY
<u>•==:==:</u>					

23-7000150

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

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

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

General Rule

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

Special Rules

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

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

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

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).

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

275,000.

\$

CENT

(Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Noncash

323452 12-26-23

10411122 138138 CLASP

ER	FOR	LAW	AND	SOCIAL	POLICY	
	• •					

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,010,000.</u>	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
2		\$400,000.	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
3		\$ <u>1,646,750.</u>	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
4		\$298,791.	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
5		\$330,000.	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
6			Person X Payroll

Employer identification number

23-7000150

Schedule B (Form 990) (2023)					
Name of organization					

Employer identification number

23-7000150

CENTER FOR LAW AND SOCIAL POLICY

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

raiti	Contributors (see instructions). Ose duplicate copies of Part I il additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>550,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>1,500,000.</u>	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
9		\$ <u>200,000.</u>	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
<u> 10</u>		\$ <u>200,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>148,925.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>12</u> 323452 12-26	Name, address, and ZIP + 4	Total contributions \$ 200,000.	Type of contribution Person X Payroll

323452 12-26-23

10411122 138138 CLASP

		\$	
(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
		\$	
323453 12-26-23			Schedule B (Form 990) (2023)

Name of organization

CENTER FOR LAW AND SOCIAL POLICY

Schedule B (Form 990) (2023)

(a)

No.

from

Part I

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

(b)

Description of noncash property given

10411122 138138 CLASP

Employer identification number

(d)

Date received

23-7000150

(c)

FMV (or estimate)

(See instructions.)

Schedule I	B (Form 990) (2023)		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	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				
(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				
323454 12-26			Schedule B (Form 990) (2023)				

^{2023.05000} CENTER FOR LAW AND SOCIAL CLASP_1

LHA	332041	11-06-23	
104111	22	138138	CLASP

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

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

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4) (5) or (6) organizations: Complete Part III

•	3ection 301(c)(4), (3), 01 (0) organizat	lions. Complete Fait III.					
Nar	ne of organization			E	Emplo	yer identification	number
		FOR LAW AND SOCI				23-70001	50
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 527	7 org	anization.	
	Provide a description of the organiz Political campaign activity expendit	•	10		\$		
3	Volunteer hours for political campai						
		3			-		
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3	3).			
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955		\$		
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		. \$		
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?			Yes	No No
							No No
ł	b If "Yes," describe in Part IV.						
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 50)1(c)	(3).	
1	Enter the amount directly expended	d by the filing organization for see	ction 527 exempt funct	ion activities	\$		
2	Enter the amount of the filing organ	ization's funds contributed to oth	her organizations for se	ection 527			
	exempt function activities				\$		
3	Total exempt function expenditures				-		
	line 17b				\$		
4							No
5		nployer identification number (El tion listed, enter the amount paid omptly and directly delivered to a	N) of all section 527 po d from the filing organiz a separate political orga	litical organizations to ation's funds. Also ente anization, such as a sep	which er the	the filing organiza amount of politica	I
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization funds. If none, enternation funds.	i's	(e) Amount of p contributions rece promptly and c delivered to a se political organi: If none, ente	eived and lirectly eparate zation.

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023 Open to Public Inspection

Schedule C (Form 990) 2023

Sche		R FOR LAW AND SOCIAL POLICY		000150 Page 2
Pa		n is exempt under section 501(c)(3) and fil	ed Form 5768 (ele	ction under
	section 501(h)).			
Α (Check if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	d group member's name	, address, EIN,
	expenses, and share of exces			
B (Check if the filing organization check	ed box A and "limited control" provisions apply.	1	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	4,631.	
с	Total lobbying expenditures (add lines 1a and	1 1b)	4,631.	
d	Other exempt purpose expenditures		10,458,752.	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	10,463,383.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	673,169.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	168,292.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	reporting section 4911 tax for this year?			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.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total	
2a Lobbying nontaxable amount	582,489.	615,642.	659,027.	673,169.	2,530,327.	
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					3,795,491.	
c Total lobbying expenditures	69,787.	76,142.	25,045.	4,631.	175,605.	
d Grassroots nontaxable amount	145,622.	153,910.	164,757.	168,292.	632,581.	
e Grassroots ceiling amount (150% of line 2d, column (e))					948,872.	
f Grassroots lobbying expenditures	1,056.				1,056.	

Schedule C (Form 990) 2023

332042 11-06-23

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) Yes No Amou		(k	(b)	
	e lobbying activity.			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 not be 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 501(c)(6).	1 501(C)(5), or sec	tion		
	501(0)(0).			Yes	No	
				Tes	NU	
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?		2			
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) or sec	tion		
. 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 political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
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 (see		

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) 2023

332043 11-06-23

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

inancial Statements

on answered "Yes" on Form 990, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. to Form 990.



OMB No. 1545-0047

Int Na

Interna	Revenue Service Go to WWW.Irs.gov/Form99	U for instructions and the latest informa	ation.	Inspection
Nam	e of the organization CENTER FOR LAW AND	SOCIAL POLICY		Employer identification number 23-7000150
Pa			or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	•		
•	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			
Pa		appization applyored "Voo" on Form 000		
	· · · · · · · · · · · · · · · · · · ·		Failiv,	
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreating the second		f a bisto	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space		a certi	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a co	nservation easement on the last
2	day of the tax year.		01 2 00	Held at the End of the Tax Year
а				2a
b				2b
c	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
	year	, , , , ,	5	5
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation eas	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	ר)(4)(B)(i))
	and section 170(b)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	C C		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther S	imilar 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	and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in f	urtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance	e 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			
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		

332051 09-28-23

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 9 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contained in the organization acquisition is a contained or the organization acquisition is a contained or the organization acquisition is a contained or the organization acquisition is accepted and the organization acquisition is accepted or the organization acquisition in the organization acquisition is accepted or the organization acquisition in the organization acquisition in the organization acquisition in the organization accepted or the organization accepted or the organization accepted or the organization accepted organis accepted organization accepted organization accepted	Sche		FOR LAW ANI					23-70			age 2
collection lame (check all that apply). a b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Historic</th> <th>al Treasu</th> <th>res, or Othe</th> <th>er Simila</th> <th>r Assets</th> <th>(contin</th> <th>ued)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Treasu	res, or Othe	er Simila	r Assets	(contin	ued)	
a Public exhibition d Can or exchange program b Schlarly research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the follow	ing that make	significant ı	use of its			
b Scholary research e Other 2 Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds attained has part of the organization collection? Yes No Part W Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or respondent an award to no Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Amount To b If 'Yes', explain the arrangement in Part XIII and complete the following table: Amount To		collection items (check all that apply).									
c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain they further the organization's exempt purpose in Part XIII. 6 Description of Counsel and the programments Complete if the organization answered "Yes" on Form 990, Part X, line 8, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and part, trustee, custocian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and part, trustee, custocian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Bedginning balance 1b Ending balance 1c 1d 2 Do the organization include an amount on Form 990, Part X, line 21. 2 Did the organization include an amount on Form 990, Part X, line 21. 2 Did the organization include an amount on Form 990, Part X, line 21. 3 Did the organization include an amount on Form 990, Part X, line 10. 4 Part V Endowment Fundos 4 Did the organization include an amount on Form 990, Part X, line 10.	а	Public exhibition	d	I 🗌 Loar	or exchange	e program					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Beginning balance Cell Beginning balance Techning balance Techning balance Distributions during the year Techning balance Distributions Distributions The Stripping of year balance Distributions Distrite stripping of year balance Distributions Distributions	b	Scholarly research	e	e 🗌 Othe	r						
5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? No. Part M Escrow and Oustodial Arrangements Complete if the organization assets reported an amount on Form 980, Part X, line 21. Is the organization an agent, fustsee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part XP. No b If "Yes," explain the arrangement in Part XIII. and complete the following table: Amount Id c Beginning balance Id Id Intermediation and gent of the organization asset of	С	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 0 If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 0 If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: the part of the organization answered 'Yes' on Form 990, Part W, line 10. Image: the part of the organization answered 'Yes' on Form 990, Part W, line 10. 1a Beginning of year balance [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions Image: the organization answered 'Yes' on Form 990, Part W, line 10. Image: the part	4	Provide a description of the organization's co	ollections and explair	n how they fu	rther the org	anization's exe	empt purpo	se in Part	XIII.		
Part W Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X III and complete the following table: Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account tability? Image: Complete intermediary for escrow or custodial account lability? Image: Complete intermediary for escrow or custodial account lability? Image: Complete intermediary for escrow or custodial account lability? Image: Complete intermediary for escrow or custodial account lability? Image: Complete intermediary for escrow or custodial account lability? Image: Complete intermediary for escrow or custodial account lability? Image: Complete intermediary for escrow or custodial account lability? Image: Complete intermediary for escrow or custodial account lability? Image: Complete intermediary for escrew or custodial account lability? Image: Complete intermediary for escrew or custodial account lability? Image: Complete intermediary for escrew or custodial account lability? Image: Complete intermediary for escrew or custodial account lability? Image: Complete intermediary for escrew or custodial account lability? Image: Complete intermediary for escrew or custodial account lability? Image: Complete intermediary for escre	5	During the year, did the organization solicit o	r receive donations o	of art, historic	al treasures,	or other simila	ar assets		_		_
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b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for cont	ributions or o	other assets no	t included				
b If "Yes," explain the arrangement in Part XIII and complete the following table:		on Form 990, Part X?		-					Yes		No
c Beginning balance 1c d Additions during the year 1d Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accounti lability? Yes No b If 'Yes' explain the arrangement in Part XII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the explanation has been provided in Part XIII Part XIII Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the explanation has been provided in Part XIII Part XIIII Part XI Endowment Funds Complete if the explanation has been provided in Part XIII Part XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	b										
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f Ending balance	d	Additions during the year					1d				
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(a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance											
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b Contributions			(a) Current year	(b) Prior	/ear (C)	Two years back	(d) Three y	/ears back	(e) Four	years	раск
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs initial init	1 a										
d Grants or scholarships	b										
e Other expenditures for facilities and programs	c										
and programs											
f Administrative expenses	е										
g End of year balance											
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) basis (other) depreciation c Leasehold improvements baildings 101, 517. c Leasehold improvements c 289, 349. 255, 369. 33, 980.	f										
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-			. //:	(-))						
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c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 3a(i) 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) (c) Accumulated (d) Book value (d) Book value (d) Book value (d) Buildings (e) Leasehold improvements (f) 1, 517.	a L			_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (ii) Tryes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Equipment (d) Equipment (d) Equipment (d) Equipment (d) Equipment (d) Cast or other (d) Equipment (d) Equipment (d) Equipment (d) Cast or other (d) Equipment (d) Equipment (d) Equipment (d) Cast or other (d) Equip	D										
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organization by: Yes No (i) Unrelated organizations? 3a(i) 3b 3b 3b 3b 3a(ii) 3b 3c 3b 3c 3b 3c	20		•	tion that are	hold and ad	ministorod for t	ho				
(i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 101,517. 28,231. 73,286. c Leasehold improvements 101,517. 289,349. 255,369. 33,980.	Ja		ssion of the organiza	lion inal are					ſ	Yes	No
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 101,517. 28,231. 73,286. c Leasehold improvements 101,517. 28,231. 73,286. d Equipment 289,349. 255,369. 33,980.		0 2									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land											
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	с, с									
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4										
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par										
Image: basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990), Part IV, line	11a. See Fo	orm 990, Part X	(, line 10.				
b Buildings 101,517. 28,231. 73,286. c Leasehold improvements 101,517. 28,231. 73,286. d Equipment 289,349. 255,369. 33,980.		Description of property				1			(d) Bool	k valu	Э
b Buildings 101,517. 28,231. 73,286. c Leasehold improvements 101,517. 28,231. 73,286. d Equipment 289,349. 255,369. 33,980.	1a	Land									
c Leasehold improvements 101,517. 28,231. 73,286. d Equipment 289,349. 255,369. 33,980.											
d Equipment 289,349. 255,369. 33,980.					101,5	517.	28,2	31.	73	3,2	86.
e Other											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))					289,3	349.	255,3	69.			
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. line 10c. d	olumn (B))				107	7,2	66.

Schedule D (Form 990) 2023

332052 09-28-23

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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 end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	<u> </u>		
Complete if the organization answered "Yes'	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-) Description	, ,	(b) Book value
(1) DEPOSITS			49,466.
(2) RIGHT OF USE ASSETS			4,822,303.
(3)			1,022,000
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			4,871,769.
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	<u>) . (B))</u>		<u> </u>
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightlity			. (b) Book value
(1) Federal income taxes			5,276,935.
(2) LEASE OBLIGATIONS			5,270,935.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co			5,276,935.
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2023

332053 09-28-23

Schedule D (Form 990) 2023 Part VII Investments - Other Securities

	LAW AND SOCIAL	D POLICY	23-7000150	Page 3
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 c	or end-of-year market v	alue

	edule D (Form 990) 2023 CENTER FOR LAW AND SOCIAL				7000150 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	eturn	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements			1	8,091,561.
-	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	0,051,501.
2	· · ·	2a	196,181.		
a	Net unrealized gains (losses) on investments		190,101.	-	
b	Donated services and use of facilities			-	
c	Recoveries of prior year grants			-	
d	/ / ///////////////////////////////////				106 101
е	Add lines 2a through 2d			2e	196,181.
3	Subtract line 2e from line 1			3	7,895,380.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	. 4b			
C	Add lines 4a and 4b			4c	0.
v					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		F	5	7,895,380.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l		
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 Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per l	Retur	'n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt 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	ents With	Expenses per l		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt 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:	ents With	Expenses per l	Retur	'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 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
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 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
5 Pa 1 2	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 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	ents With	Expenses per l	Retur	'n
5 Pa 1 2 a b	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 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	2a 2b 2c	Expenses per l	Retur	'n
5 Pa 1 2 a b	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 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	2a 2b 2c 2d	I Expenses per I	Retur	n 10,463,383. 0.
5 Pa 1 2 a b	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 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	2a 2b 2c 2d	I Expenses per I	Retur	'n
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 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	I Expenses per I	Retur 1 2e	n 10,463,383. 0.
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.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total 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	I Expenses per I	Retur 1 2e	n 10,463,383. 0.
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.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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:	ents With 2a 2b 2c 2c 2d 4a	I Expenses per I	Retur 1 2e	n 10,463,383. 0.
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.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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 l	Retur 1 2e	n 10,463,383. 0. 10,463,383. 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.) rt 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.)	ents With 2a 2b 2c 2d 4a 4b	I Expenses per I	Retur	n 10,463,383. 0. 10,463,383.

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 332054 09-28-23 Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CENTER FOR LAW AND SOCIAL POLICY 23-7000150 Page 5 Part XIII Supplemental Information (continued)
DECEMBER 31, 2023 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, 2023, THE STATUTE OF
LIMITATIONS FOR TAX YEARS 2019 THROUGH 2023 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.
332055 09-28-23 Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I		Grants and Oth					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. Inspe												
Name of the organization Employer identification numb												
CENTER FOR LAW AND SOCIAL POLICY 23-700												
Part I General Information on Grants a	nd Assistance											
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection												
criteria used to award the grants or assistance?												
2 Describe in Part IV the organization's pro												
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any					
·		· ·			(f) Method of							
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
BLUEPRINT NORTH CAROLINA: BUILDING							TO WORK COLLABORATIVELY					
EQUITABLE ECONOMIC SUPPORTS IN THE							WITH CLASP TO RECOMMEND					
SOUTH - PO BOX 607 - DURHAM, NC							ADVOCACY AND EDUCATION					
27702	27-2459538	501 (C) (3)	75,000.	0.			STRATEGIES					
							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)	10,000.	0.			GROUP					
COMMUNITY ORGANIZING AND FAMILY							TO WORK COLLABORATIVELY					
ISSUES: PLANNING PROCESS FOR CTAN							WITH CLASP TO RECOMMEND					
PARENT FELLOWS - 2245 SOUTH	26 4044620		05 000	<u> </u>			ADVOCACY AND EDUCATION					
MICHIGAN AVENUE, SUITE 200 -	36-4044632	501 (C) (3)	25,000.	0.			STRATEGIES					
MAINE PEOPLE'S RESOURCE CENTER							TO WORK COLLABORATIVELY WITH CLASP TO RECOMMEND					
PO BOX 2490							ADVOCACY AND EDUCATION					
AUGUSTA, ME 04330	22-2586108	501 (C) (3)	20,000.	0.			STRATEGIES					
	22 2300100	501 (0) (3)	20,000.	۰.			TO WORK COLLABORATIVELY					
MISSISSIPPI LOW INCOME CHILD CARE							WITH CLASP TO RECOMMEND					
INITIATIVE - PO BOX 204 - BILOXI,												
MS 39533							STRATEGIES					
SPRINGBOARD TO OPPORTUNITIES:				••			TO WORK COLLABORATIVELY					
BUILDING ECONOMIC SUPPORTS IN THE							WITH CLASP TO RECOMMEND					
SOUTH - 518 E CAPITOL STREET -							ADVOCACY AND EDUCATION					
JACKSON, MS 39201	46-1917760	501 (C) (3)	50,000.	0.			STRATEGIES					
2 Enter total number of section 501(c)(3) and	nd government or	ganizations listed in the	e line 1 table				7.					

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Schedule I (Form 990) CENTER FOR LAW AND SOCIAL POLICY

2	3-	7	0	0	0	1	5	0	Page 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 non-cash assistance	(h) Purpose of grant or assistance
HE CHILDREN'S PARTNERSHIP:							TO WORK COLLABORATIVELY
HILDREN THRIVE ACTION NETWORK -							WITH CLASP TO RECOMMENI
1 WILSHIRE BLVD, STE 1000 - LOS							ADVOCACY AND EDUCATION
IGELES, CA 90017	46-4106389	501 (C) (3)	10,000.	0.			STRATEGIES

332102 11-01-23

Schedule I (Form 990) 2023 CENTER FOR LAW AND SOCIAL POLICY

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 assistance
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Image

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:

Part III

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.

23-7000150

Page 2

SCHEDULE J Compensation Information		Compensation Information		OMB No.	1545-00	47	
(Form 990) F		- For certain Officers, Directors, Trustees, Key Employees, and Highes	t	20	22)	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23		00	2023			
Dena	tment of the Treasury	23.	Open to	Pub	lic		
	al Revenue Service	ı.	Inspe				
Nam	ne of the organization			r identificatio		mber	
		CENTER FOR LAW AND SOCIAL POLICY	23-	700015	0		
Ра	rt I Question	s Regarding Compensation				T	
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on F	orm 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 initiatio					
		spending account Personal services (such as maid, cha	uffeur, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment o					
~				1b		<u> </u>	
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directo	-				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>	
2	Indianta which if a	at the following the exception used to establish the compensation of the exception	ian'a				
3		ny, of the following the organization used to establish the compensation of the organization of the organi					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study						
	Independent compensation consultant Image: Compensation survey or study Imag						
			on 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	
b					Х		
	- Destinizate in an assistence and former an equity based expression expression expression						
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 comper	sation				
	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 comper	sation				
	contingent on the r	et earnings of:					
а	a The organization?						
	b Any related organization?						
		or 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payn	ents				
		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				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?		9			
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sche	edule J (Forr	n 990) 2023	

LHA 332111 11-06-23

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.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) INDIVAR DUTTA-GUPTA	(i)	256,250.	0.	0.	0.	10,000.	266,250.	0.	
PRESIDENT & EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) AKOSUA MEYERS	(i)	173,220.	0.	0.	0.	36,673.	209,893.	0.	
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) BARBARA SEMEDO	(i)	190,368.	0.	0.	0.	18,042.	208,410.	0.	
DEPUTY EXECUTIVE DIR., COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ELIZABETH LOWER-BASCH	(i)	187,074.	0.	0.	0.	16,568.	203,642.	0.	
DEPUTY EXECUTIVE DIR., POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) WENDY CERVANTES	(i)	156,730.	0.	0.	0.	32,184.	188,914.	0.	
DIRECTOR, IMMIGRATION AND IMMIGRANT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) EDDIE MARTIN JR	(i)	180,047.	0.	0.	0.	7,400.	187,447.	0.	
DEPUTY DIRECTOR OF RACIAL EQUITY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) DANA BAILEY	(i)	162,111.	0.	0.	0.	22,097.	184,208.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) STEPHANIE SCHMIT	(i)	152,359.	0.	0.	0.	27,750.	180,109.	0.	
DIRECTOR, CHILD CAREDIRECTOR, AND EAR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ANGELE PARKER	(i)	137,352.	0.	0.	0.	36,544.	173,896.	0.	
DIRECTOR OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) TOM SALYERS	(i)	149,489.	0.	0.	0.	23,332.	172,821.	0.	
DIRECTOR, COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

IMMIGRATION --

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number 23 - 7000150

POLICY CROSS CUTTING --

EXPENSES \$ 3,056,399. INCLUDING GRANTS OF \$ 84,600. REVENUE \$ 0.

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

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM IN CONSULTATION WITH THE ORGANIZATION'S MANAGEMENT. THE AUDIT COMMITTEE THOROUGHLY REVIEWED THE FORM 990 AND ADVISED MANAGEMENT IF THERE WERE ANY ISSUES THAT NEED TO BE ADDRESSED BEFORE FILING. A DRAFT OF FORM 990 WAS SENT TO EACH DIRECTOR FOR REVIEW. THE BOARD RECEIVED A FINAL COPY PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION REVIEWS ITS CONFLICT OF INTEREST POLICY ANNUALLY. THE BOARD CHAIR AND EXECUTIVE DIRECTOR (ED) WITH THE BOARD, MONITOR POTENTIAL BOARD CONFLICTS. THE ED AND THE CHIEF OPERATING OFFICER REVIEW ANY CONCERNS WITH KEY STAFF AND THE CHIEF OPERATING OFFICER REVIEWS ANY CONCERNS WITH THE EXECUTIVE DIRECTOR. IF THE BOARD CHAIR/ED DETERMINE THAT A POTENTIAL CONFLICT OF INTEREST COULD AFFECT A CONTRACT OR TRANSACTION, THE BOARD GATHERS ALL MATERIAL FACTS AS TO THE RELATIONSHIP OR INTEREST AND AS TO THE CONTRACT OR TRANSACTION AND CAN, IN GOOD FAITH, AUTHORIZE THE CONTRACT OR TRANSACTION BY THE AFFIRMATIVE VOTES OF A MAJORITY OF THE DISINTERESTED DIRECTORS EVEN THOUGH THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM.

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

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

UPDATING SALARIES DEVELOPED BY AN EXTERNAL CONSULTANT IN 2014 AND AGAIN IN

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

BOARD THEN REVIEWED AND APPROVED THE OVERALL COMPENSATION PLAN. THE MINUTES
332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2					
Name of the organization CENTER FOR LAW AND SOCIAL POLICY	Employer identification number $23 - 7000150$					
INCLUDE A REFERENCE TO THIS PROCESS. THE EXECUTIVE DIRECTOR	R'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 A	ND WAS NOT					
INCREASED. IN JULY 2021, THE BOARD APPROVED A SALARY AND R	ETIREMENT					
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, O	R, 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.

Schedule O (Form 990) 2023

332212 11-14-23