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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A F	or th	e 2020	calendar year, or tax year beginning			nd ending			, 20
ь.			C Name of organization WASHINGTON	LAWYERS' COMMI	TTEE FOR	CIVIL	D Employer id	entificat	ion number
	_	applicable:	RIGHTS AND URBAN AFFA	IRS, INC.			52-178	34938	
	Addr chan		Doing business as						
	Nam	e change	Number and street (or P.O. box if mail is	not delivered to street address	) R	oom/suite	E Telephone n	umber	
	Initia	I return	700 14TH STREET NW, 40	00			(202) 3	19-10	000
		return/ inated	City or town, state or province, country, a	nd ZIP or foreign postal code					
	Ame retur		WASHINGTON, DC 20005				<b>G</b> Gross receip	ts\$	3,322,526.
	Appli pend	ication ling	F Name and address of principal officer:	JONATHAN SMITE	I		H(a) Is this a grant subordinate		for Yes X No
			700 14TH STREET, NW, S	STE #400, WASHIN	IGTON, DO	C 20005	H(b) Are all subc		uded? Yes No
ı	Tax-ex	kempt st	atus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1) or	527	If "No,"	attach a li	st. See instructions
J	Webs	ite: 🕨	WWW.WASHLAW.ORG				H(c) Group exe	mption nur	mber <b>&gt;</b>
K	Form	of organ	nization: X Corporation Trust	Association Other >		L Year of f	ormation: 1992 N	State o	f legal domicile: DC
Pa	art I	Su	ımmary	•		'	1		
	1	Briefly	y describe the organization's mission or	most significant activities:	TO PROT	TECT, TH	ROUGH LITIG	MOITA	I AND LEGAL
æ			RESENTATION, THE CIVIL R						
auc		BEE	N SUBJECT TO DISCRIMINAT	ION AND POVERTY	•				
ern	2	Check	k this box if the organization di	scontinued its operations	or disposed	of more than	25% of its net asse	ets.	
Governance	3		per of voting members of the governing	•	•			3	71.
∞ಶ	4		per of independent voting members of the					4	71.
ties	5		number of individuals employed in cale					5	35.
Activities &	6		number of volunteers (estimate if necess					6	871.
Ac	7a		unrelated business revenue from Part VI					7a	0.
			nrelated business taxable income from F	, ,				7b	
			The state of the s				Prior Year	1	Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)			<u> </u>	2,364,4	11.	2,849,029.
Revenue	9		am service revenue (Part VIII, line 2g)	1,028,9		446,266.			
Ş	10		tment income (Part VIII, column (A), line				33,5		27,231.
å	11		revenue (Part VIII, column (A), lines 5,				-102,1		0.
	12		revenue - add lines 8 through 11 (must				3,324,8		3,322,526.
	13		s and similar amounts paid (Part IX, colu				2,5		37,602.
	14		its paid to or for members (Part IX, colu				2,3	0.	0.
	4.5		es, other compensation, employee bene				3,318,6		3,070,170.
Expenses	163		ssional fundraising fees (Part IX, column				3,310,0	0.	0.
ben	l l l	Total	fundraising expenses (Part IX, column (I	(A), line (1e)	20.771				· ·
Ä	17		expenses (Part IX, column (A), lines 11				1,305,1	59	1,132,476.
	18		expenses. Add lines 13-17 (must equal				4,626,3		4,240,248.
	19		nue less expenses. Subtract line 18 from				-1,301,4		-917,722.
r s		IVEVE	Tue less expenses. Subtract line to from	TIIIIC IZ			Beginning of Current		End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			-	5,098,3		4,212,387.
Asse Bala	21		liabilities (Part X, line 26)			· · · · ·	2,033,1		2,064,950.
a t	22		ssets or fund balances. Subtract line 21			· · · · · -	3,065,1	_	2,147,437.
	rt II		anature Block	HOITIME 20			3,003,1	57.	
			<b>9</b>	s return, including accompa	nvina schedule	s and stateme	ents and to the hest	of my kr	nowledge and helief it is
true	e, corre	ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	officer) is based on all inform	nation of which	preparer has	any knowledge.	01 111y 101	
							11/	10/20	21
Sig	n	5	Signature of officer				Date	10,20	
He			JONATHAN SMITH		EXECUTIV	Æ DIREC			
		_	Type or print name and title		EXECUTIV	/E DIREC	1010		
			Type preparer's name	Preparer's signature		Date	2	., P1	ΓΙΝ
Paic	i		AN W DOW, CPA	- L			Check self-emplo	J "	P00367740
Pre	parer		. CARRING AND DUGAR	FC T.T.D			Firm's EIN	*	
Use	Only		o namo p	· ·	MD 00050 5	704			770-5500
N/a-	, the		s address 11921 ROCKVILLE PIKE, SUI				Phone no.		
			iscuss this return with the preparer		suucuons) .			<u></u>	X Yes No
-or	rape	rwork	Reduction Act Notice, see the separate	e instructions.					Form 990 (2020)

Form 990 (2020) Page 2 ram Carviaa Aaaamalish

1	Briefly describe the organization's n ATTACHMENT 1	ains a response or note to any line in this Part nission:		
2		significant program services during the ye		Yes X No
	If "Yes," describe these new service Did the organization cease cond	s on Schedule O. ucting, or make significant changes in h	now it conducts, any program	
	If "Yes," describe these changes on			Yes X No
4	expenses. Section 501(c)(3) and 5	am service accomplishments for each of it 501(c)(4) organizations are required to repany, for each program service reported.		
4a	(Code: ) (Expenses \$_ATTACHMENT 2	3,129,723. including grants of \$	) (Revenue \$	)
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$_	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe of (Expenses \$ include)	in Schedule O.) ing grants of \$ ) (Revenue	١, ٩	

**4e** Total p.

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Form **990** (2020)

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Page 3 Form 990 (2020)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	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)	,	х	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		21
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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,"		х	
	complete Schedule D, Part VI	11a	Λ	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		
	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	
	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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
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
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	1

Form **990** (2020) PAGE 5

JSA 0E1021 1.000 8637LA C021 V 20-7.6F 88042 Form 990 (2020) Page 4

Part	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	uals on		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation	of the		
	organization's current and former officers, directors, trustees, key employees, and highest compe	ensated		
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of mor			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin			
	through 24d and complete Schedule K. If "No," go to line 25a		a	X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the			+
·	to defease any tax-exempt bonds?			
٦	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			$\vdash$
			u	+
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess		_	X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		a	
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9			37
	If "Yes," complete Schedule L, Part I		b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust	- 1		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection con	nmittee		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any o	f these		
	persons? If "Yes," complete Schedule L, Part III	27	·	X
28	Was the organization a party to a business transaction with one of the following parties (see Sche	dule 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 contribution	utor? If		
	"Yes," complete Schedule L, Part IV	28	a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28	b	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or	28b? If		
	"Yes," complete Schedule L, Part IV		c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or q			
	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i>			X
32				$\vdash$
02	complete Schedule N, Part II		,	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regi			+
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pa			+
J4				X
2F -	or IV, and Part V, line 1			X
			а	+
D	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction		_	
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		U	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-characteristic of the second of the se			v
	related organization? If "Yes," complete Schedule R, Part V, line 2.			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ			3.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0.		
С	Did the organization comply with backup withholding rules for reportable payments to vendo	ors and		
	reportable gaming (gambling) winnings to prize winners?		. X	
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Form 990 (2020) Page 5

Par	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 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		X
_	and services provided to the payor?	7a		- 1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
_	required to file Form 8282?	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g 7 h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the 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		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			7.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

PAGE 7

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

Sect	ion A. Governing Body and Management	• • •	• • •	
0000	Ton A. Coverning Body and management		Yes	No
4.	Establish assert as forether assert as af the assertion had at the and of the terrors.			
1a	If there are material differences in voting rights among members of the governing body, or	-		
	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 governing body delegated broad authority to an executive committee or similar factority to the following members included on line 1a, above, who are independent.  If the governing body delegated broad authority to an executive committee or similar factority to the following members included on line 1a, above, who are independent.  If the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employee?  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?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with a unthority to act on behalf of the governing body?  Each committee with a writtee the governing body?  If "Yes," did			
b	Inter the number of voting members of the governing body at the end of the tax year			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Enter the number of voting members of the governing body at the end of the tax year  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. Firster the number of voting members included on line 1a, above, who are independent.  In the committee of voting members included on line 1a, above, who are independent.  In the committee of voting members included on line 1a, above, who are independent.  In the committee of voting members included on line 1a, above, who are independent.  In the committee of voting members included on line 1a, above, who are independent.  In the committee with a line of the committee of voting members included on line 1a, above, who are independent.  In the committee with a line of the committee of voting members and advances on the programization place of the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  In the organization have members of stockholders?  In the organization have members of stockholders?  In the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  In the organization have than the governing body?  In the organization in the organization in the organization have than the organization have than the organization have than the organization have than the organization have united policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt playing the process of a conflicts?  In			
	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		5		Х
6	Enter the number of voting members of the governing body at the end of the tax year			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
		7a		Х
b				
	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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	_		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in 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 to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		X
b				
		401		
C==1		16b		
17			_	
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	· (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est r	olicy.
	and financial 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 record	ls ▶		

Form **990** (2020)

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

#### 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 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 and/or Box 7 of Form 1099-MISC) 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 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unless	s pei a di	ition more rson	than or thighest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)JONATHAN SMITH	40.00									
EXECUTIVE DIRECTOR	0.			Х				184,011.	0.	40,395.
(2)KATHERINE GARRETT	40.00									
CHIEF OPERATING OFFICER	0.			Х				143,943.	0.	47,709.
(3)KAITLIN BANNER	40.00									
DEPUTY LEGAL DIRECTOR	0.					X		149,394.	0.	28,397.
(4) HANNAH LIEBERMAN	40.00									
LEGAL DIRECTOR	0.					X		159,926.	0.	13,076.
(5) GREGG KELLEY	40.00									
DIRECTOR, DEV. & COMM.	0.					X		150,445.	0.	20,792.
(6) DANIEL KATZ	40.00									
SENIOR COUNSEL	0.					X		131,796.	0.	9,056.
(7) ROCHELLE JONES	40.00									
DIRECTOR OF FINANCE AND ADMIN	0.					Х		107,875.	0.	19,098.
(8) JOHN FREEDMAN	3.00									
IMMEDIATE PAST CO-CHAIR	0.	Х		Х				0.	0.	0.
(9) JENNIFER LEVY	1.00									
EXECUTIVE COMMITTEE MEMBER	0.	Х		Х				0.	0.	0.
(10) KEVIN METZ	3.00									
CO-CHAIR	0.	Х		Х				0.	0.	0.
(11) GEORGE RUTTINGER	3.00									
SECRETARY/TREASURER	0.	Х		Х				0.	0.	0.
(12) THOMAS ALLEN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) ROY AUSTIN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14) DOUGLAS BARUCH	1.00									
DIRECTOR	0.	X						0.	0.	0.

Form **990** (2020)

Form 990 (2020) Page **8** 

Part VII Section A. Officers, Directors, Tru (A)	(B)	<u>,</u>		(0			<u> </u>	(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more	e than or/trust e is or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	stimated nount o other pensati om the anization d related anization	if ion on d
5) DAVID BEDDOW	1.00											
DIRECTOR	0.	Х						0	0.			
6) L. SCOTT BURWELL	1.00											
DIRECTOR	0.	X						0	0.			
7) G. BRIAN BUSEY	1.00											
DIRECTOR	0.	X						0	0.			
8) ADAM CHUD	1.00											
DIRECTOR	0.	Х						0	0.			
9) JOSEPH DAVIS	1.00											
EXECUTIVE COMMITTEE MEMBER	0.	X						0	0.			
)) JOHN DEVANEY	1.00											
DIRECTOR	0.	X						0	0.			
DAVID DICKIESON	1.00											
DIRECTOR	0.	X						0	0.			
2) DAVID DOUGLASS	1.00	,										
DIRECTOR	0.	X						0	0.			
B) ROBERT DUNCAN	1.00	3,7							0			
DIRECTOR	0.	X						0	0.			
1) SHANKAR DURAISWAMY	1.00								0.			
DIRECTOR	1.00	X						0	. 0.			
DIRECTOR	1.00	v						0	0.			
	0.	X					<u> </u>	1,027,390.	0.		L78,	E 2 3
								0.	0.		L / O , .	<u> </u>
c Total from continuation sheets to Part VII, S	-				-			1,027,390.	0.	-	L78,	
d Total (add lines 1b and 1c)	limited to t	hose					o re				. 70,	
B Did the organization list any former office employee on line 1a? If "Yes," complete Sched.	er, directo									3	Yes	No
For any individual listed on line 1a, is the organization and related organizations gro	sum of repeater than	ortab \$15	ole c 50,0	om 00?	pen <i>If</i>	sation	n ar	nd other compens	sation from the le J for such		v	
individual										4	X	
Did any person listed on line 1a receive or for services rendered to the organization? If "You										5		X
Section B. Independent Contractors  Complete this table for your five highest com												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Form **990** (2020)

Form 990 (2020)

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and H	Hig	hest Compensat	ed Employees (d	continue	ed)	
<b>(A)</b> Name and title	(B) Average			-	<b>C)</b> sition			(D) Reportable	<b>(E)</b> Reportable	E:	(F) stimated	
	hours per week (list any	box,	unles	ss pe	erson	e than o	an	compensation from	compensation from related		nount of other	f
	hours for related organizations below dotted line)	office Individual trustee or director	Institutional trustee	d Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	npensation from the ganization of related anization	n d
26) JULIE FERNANDES	1.00											
DIRECTOR	0.	Х						0	. 0.			0
27) J. DAVID FOLDS	1.00											
DIRECTOR	0.	Х						0	0.			0
28) DANIELLE FOLEY	1.00											
DIRECTOR	0.	Х						0	0.			0
29) JASON FRANKL	1.00											
DIRECTOR	0.	X						0	0.			0
30) JAMIE GARDNER	3.00											
CO-CHAIR	0.	X		Х				0	0.			0
31) EMILY GRIM	1.00											
DIRECTOR	0.	X						0	0.			0
32) MARK GUERRERA	1.00											
DIRECTOR	0.	X						0	0.			0
33) PAUL HAMBURGER	3.00											
ASSISTANT TREASURER	0.	X		Х				0	0.			0
34) STEPHEN HARBURG	1.00											
DIRECTOR	0.	Х						0	0.			0
35) MAUREEN HARDWICK	1.00											
DIRECTOR	0.	Х						0	0.			0
36) JOHN HEINTZ	1.00											
DIRECTOR	0.	X						0	0.			0
1b Sub-total							$\blacktriangleright$	0.	. 0.			0.
c Total from continuation sheets to Part VII	•		-				$\blacktriangleright$					
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but r				d a	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organiza	tion ►		7									
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3		Х
4 For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	50,0	00?	. It	"Yes	5, "	complete Schedu	ıle J for such	4	X	
individual										4	^	
<b>5</b> Did any person listed on line 1a receive for services rendered to the organization? <i>II</i>										5		X
Section B. Independent Contractors	res, comple	10 001	iout	1100	, 101	Sucil	ρσι	3011				
1 Complete this table for your five highest c	omponented :	ndon	204	nn+	005	trooto	rc +	hat received man	than \$100 000 a			
i Complete this table for your live highest C	ompensaled I	nuepe	=HUE	51 IL	COH	แลบเบ	ıs l	nat received more	5 man \$ 100,000 C	л.		

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form **990** (2020)

Page 8 Form 990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E) (F)  Name and title Average Position (do not check more than one (do not check more than one compensation from amount of amount of the compensation from												
• •	1 ' '	box,	unle	Pos heck ss pe	sition more	is both tor/trust	an	1	1	Est amo	imated	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the anization related nization	n d
37) MATTHEW HELLMAN	1.00											
DIRECTOR	0.	X		₩				0	0.			C
38) THOMAS HENTOFF DIRECTOR	1.00							0	0.			C
39) HOWARD HOGAN	1.00	X		├				0	. 0.			
DIRECTOR	1.00	X						0	0.			C
40) STEVEN HOLLMAN	1.00							0	. 0.			
DIRECTOR	0.	X						0	0.			(
41) ROSCOE HOWARD	1.00											
DIRECTOR	0.	Х						0	] 0.			(
42) THEODORE HOWARD	1.00			_								
DIRECTOR	0.	Х						0	0.			(
43) SUSAN HUHTA	1.00											
DIRECTOR	0.	Х						0	0.	l		(
44) CHARLES JOHNSON	1.00											
DIRECTOR	0.	Х						0	0.	l		(
45) JULIA JORDAN	1.00											
DIRECTOR	0.	Х						0	0.			(
46) CAITLIN KASMAR	1.00											
DIRECTOR	0.	Х						0	. 0.			(
47) GEORGE KOSTOLAMPROS DIRECTOR	1.00	X						0	0.			(
1b Sub-total							$\blacktriangleright$	0.	0.	<u> </u>		0
c Total from continuation sheets to Part VII, S	-		-				<b>&gt;</b>			<u> </u>		
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but not				d al	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organization	on 🚩		7								<b>V</b>	
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	lule J for su	ch ina	livid	lual			• •			3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. If	"Yes	5, "	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or										-		
for services rendered to the organization? <i>If "Y</i>										5		X
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report of												

year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form **990** (2020)

Page 8 Form 990 (2020)

Section A. Officers, Directors, I		y ⊏II	ipic			and r	ııgı	1				
(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D)  Reportable compensation from the	Reportable compensation from related organizations	Estii amo ot	(F) mated ount of ther ensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgar and	m the nizatior related nization	b
48) ALEX LAKATOS	1.00	-										
DIRECTOR	1.00	X	-					0	0.	<b>——</b>		
49) STAVROULA LAMBRAKOPOULOS  EXECUTIVE COMMITTEE MEMBER	$-\frac{1.00}{0.}$	X						0	0.			(
50) HARRY LEE	1.00		$\vdash$									
DIRECTOR	0.	Х						0	0.			(
51) JOSHUA LEVY	1.00		$\Box$									
DIRECTOR	0.	Х						0	0.			(
52) ELIZABETH MCCALLUM DIRECTOR	1.00	X						0.				(
53) PATRICK MCGLONE	1.00		$\Box$									
DIRECTOR	0.	Х						0	. 0.	0.		(
54) OMAR MELEHY DIRECTOR	1.00	X						0	0.			(
55) LADAWN NAEGLE DIRECTOR (TO 9/2020)	1.00	Х						0	0.	).		(
56) WILLIAM NES DIRECTOR	1.00	Х						0	. 0.			(
57) JONATHAN PAIKIN DIRECTOR	1.00	Х						0	0.			
58) CONSTANTINOS PANAGOPOULOS DIRECTOR	1.00	Х						0	0.			(
1b Sub-total							<b></b>	0.	0.			0
c Total from continuation sheets to Part VII,	_						<b>&gt;</b>					
d Total (add lines 1b and 1c)	ot limited to t						o re	ceived more than	\$100,000 of			
Toportable compensation from the organization	1011 P									,	Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,0	00?	P If	"Yes	5, "	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive of for services rendered to the organization? If	or accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or individual	5		X
Section B. Independent Contractors	22, 20,010					22.0.1	,					
Complete this table for your five highest co- compensation from the organization. Report												

year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form **990** (2020)

Form 990 (2020) Page **8** 

Part VII Section A. Officers, Directors, Tr	ey Employees, and Highest Compensated Employees (continued)									
(A) Name and title	(B) Average hours per week (list any hours for	box,	Position (do not check more that box, unless person is officer and a director/tr			is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
59) LEE PETRO	1.00									
DIRECTOR	0.	Х						0	0.	0
60) KENNETH PFAEHLER	1.00									
DIRECTOR (TO 12/2020)	0.	Х						0	0.	0
61) BARRY POLLACK	1.00									
DIRECTOR	0.	X						0	0.	0
62) THEODORE POSNER	1.00								_	_
DIRECTOR (TO 9/2020)	0.	X						0	0.	0
63) JOHN RELMAN	1.00									
DIRECTOR	0.	X						0	0.	0
64) BRIAN SCHNEIDER	1.00									
DIRECTOR	0.	X						0	0.	0
65) JOSEPH SELLERS	1.00									
DIRECTOR	0.	X						0	0.	0
66) MATTHEW SLATER	1.00									
DIRECTOR	0.	X						0	0.	0
67) RICHARD SNOWDON III	1.00									
DIRECTOR	0.	X						0	0.	0
68) WILLIAM TAYLOR III	1.00									
EXECUTIVE COMMITTEE MEMBER	0.	X						0	0.	0
69) CARRIE VALIANT	1.00									
DIRECTOR	0.	X						0	0.	0
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, S	-						<b>&gt;</b>			
d Total (add lines 1b and 1c)							<u> </u>			
2 Total number of individuals (including but not				d al	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organizatio	n 🕨		/							
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. If	"Yes	s,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	fron	n any	un	related organizati	on or individual	5 X
Section B. Indopendent Contractors										
1 Complete this table for your five highest com	nanaatad i		- nd -	nt :	000	<b></b>		hat received more	than \$100 000 a	.t

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form **990** (2020)

Part VII Section A. Officers, Directors, (A)	(B)	ĺ	•	((				(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations	box,	unles er and	Pos heck ss pe	ition more rson irect	e than o is both or/trust emp	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	am comp	timated ount o other pensation the anization	fion
	below dotted line)	Individual trustee or director	Institutional trustee	юr	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		and	relate	d
0) LEWIS WIENER	1.00											
DIRECTOR	0.	Х						0	0.			
1) BENJAMIN WILSON	1.00											
DIRECTOR	0.	Х						0	0.			
2) CLAUDIA WITHERS	1.00											
DIRECTOR	0.	Х						0	0.			
3) WILLIAM BARRY	1.00											
DIRECTOR (FROM 1/2020)	0.	Х						0	0.			
4) KELSI CORKRAN	1.00											
DIRECTOR (FROM 1/2020)	0.	Х						0	0.			
5) W. NEIL EGGLESTON	1.00											
DIRECTOR (FROM 1/2020)	0.	Х						0	0.			
5) JONATHAN HARAY	1.00											
DIRECTOR (FROM 1/2020)	0.	Х						0	0.			
7) MATTHEW HOWARD	1.00											
DIRECTOR (FROM 8/2020)	0.	Х						0	0.			
8) BETH WILKINSON	1.00											
DIRECTOR (1/2020)	0.	Х						0	0.			
h Suh-total								0.	0.			C
1b Sub-total c Total from continuation sheets to Part VII,	Section A						•					
d Total (add lines 1b and 1c)							<u> </u>	<u> </u>	<b>1</b>			
2 Total number of individuals (including but n reportable compensation from the organizar			iiste 7	d ar	oove	e) wno	o re	eceived more than	\$100,000 of			
Did the consideration list and former	:::		4		_	1					Yes	No
B Did the organization list any former of employee on line 1a? If "Yes," complete School										3		Х
4 For any individual listed on line 1a, is the organization and related organizations individual.	greater than	\$15	50,0	00?	If	"Yes	3,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive												
for services rendered to the organization? If Section B. Independent Contractors										5		Х
Complete this table for your five highest compensation from the organization. Report												

year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form **990** (2020)

## Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					3.23.2
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
عَ ق	c	Fundraising events 1c	295,443.				
Ţţ\$,	d	Related organizations	233,113.				
<u>_</u>	e	Government grants (contributions) 1e	533,217.				
ns,	f	All other contributions, gifts, grants,	333,217.				
를 X	'	and similar amounts not included above . 1f	2,020,369.				
ş Ş	_	Noncash contributions included in	2,020,309.				
늘	g	lines 1a-1f 1g	<b>\$</b> 3,667.				
a S	h	Total. Add lines 1a-1f	·	2,849,029.			
	- "	Total. Add lines Ta-11	Business Code	2,040,020.			
ģ	_	LEGAL FEES AND COURT AWARDS	541110	298,508.	298,508.		
≥ _	2a		541110	52,708.	52,708.		
Ser	b	FELLOWSHIP SUBSIDIES					
Program Service Revenue	C	CONTRACTED SERVICES REVENUE	541110	95,050.	95,050.		
gra	d						
ē.	е						
ъ.	f	All other program service revenue		115.055			
	g	Total. Add lines 2a-2f		446,266.			
	3	Investment income (including dividends,		25 221			25.022
		other similar amounts)	Г	27,231.			27,231
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
Şe,	С	Gain or (loss)					
ř	d	Net gain or (loss)	▶	0.			
Other I	8a	Gross income from fundraising					
0		events (not including \$295,443.					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events	▶ │	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
_	c	Net income or (loss) from sales of inventory	<u></u> ▶	0.			
s			Business Code				
Miscellaneous Revenue	11a						
ane	b						
el:	C						
ဒ္ဓ	d	All other revenue					
Σ		Total. Add lines 11a-11d		0.			
	12			3,322,526.	446,266.		27,231

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

Form **990** (2020)

PAGE 16

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## 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											
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising							
8b,	9b, and 10b of Part VIII.	·	expenses	general expenses	expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,602.	37,602.									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.										
3	Grants and other assistance to foreign											
J	organizations, foreign governments, and	0										
	foreign individuals. See Part IV, lines 15 and 16	0.										
4	Benefits paid to or for members	0.										
5	Compensation of current officers, directors,	416 050	212 024	60 205	40 630							
	trustees, and key employees	416,059.	313,034.	60,395.	42,630.							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and	0										
	persons described in section 4958(c)(3)(B)	0.	1 664 550	000 150	004 004							
7	Other salaries and wages	2,178,103.	1,664,550.	289,159.	224,394.							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	91,147.	63,489.	14,427.	13,231.							
9	Other employee benefits	204,448.	127,975.	60,352.	16,121.							
10	Payroll taxes	180,413.	140,878.	21,338.	18,197.							
11	Fees for services (nonemployees):											
а	Management	0.										
	Legal	0.										
	Accounting	85,515.		85,515.								
	Lobbying	0.										
	Professional fundraising services. See Part IV, line 17	0.										
	f Investment management fees	0.										
	Other. (If line 11g amount exceeds 10% of line 25, column											
	(A) amount, list line 11g expenses on Schedule O.)	7,500.		7,500.								
12	Advertising and promotion	0.										
13	Office expenses	7,503.	6,319.	654.	530.							
14	Information technology	33,202.	1,367.	31,835.								
15	Royalties	0.										
16	Occupancy	595,814.	479,336.	70,616.	45,862.							
17	Travel	1,447.	634.	813.								
18	Payments of travel or entertainment expenses	0										
	for any federal, state, or local public officials	0.	200									
19	Conferences, conventions, and meetings	208.	208.									
20	Interest	0.										
21	Payments to affiliates	0.	127 020	16 020	12 100							
22	Depreciation, depletion, and amortization	167,076.	137,838.	16,039.	13,199.							
23	Insurance	36,425.	28,721.	4,954.	2,750.							
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 O.)											
•	EQUIPMENT RENTAL & MAINTENAN	60,737.	44,791.	11,804.	4,142.							
-	PUBLICATION	32,623.	23,725.		8,898.							
_	COMMUNICATIONS	34,918.	28,767.	3,354.	2,797.							
c	PRINTING & DUPLICATION	25,403.	19,985.	3,614.	1,804.							
e	All other expenses	44,105.	10,504.	7,385.	26,216.							
	Total functional expenses. Add lines 1 through 24e	4,240,248.	3,129,723.	689,754.	420,771.							
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											
	following SOP 98-2 (ASC 958-720)	0.										
_	J (	٠٠			Form <b>990</b> (2020)							

Form **990** (2020)

88042

Form 990 (2020) Page **11** 

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	344,922.	1	326,625.
	2	Savings and temporary cash investments	1,122,802.	2	1,992,572.
	3	Pledges and grants receivable, net	762,133.	3	365,459.
	4	Accounts receivable, net	183,344.	4	117,064.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
Ŋ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	194,137.	9	158,865.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,429,231.			
	h	Less: accumulated depreciation	1,308,235.	100	1,141,160.
	11	Investments - publicly traded securities	1,072,128.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	110,642.	15	110,642.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,098,343.	16	4,212,387.
	17	Accounts payable and accrued expenses	330,765.	17	308,549.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	30,000.	19	9,375.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	70,000.
S	22	Loans and other payables to any current or former officer, director,			,
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,672,419.	25	1,677,026.
	26	Total liabilities. Add lines 17 through 25	2,033,184.		2,064,950.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
Fund Balances	27	Net assets without donor restrictions	2,284,645.	27	1,809,402.
Bal	28	Net assets with donor restrictions.	780,514.	28	338,035.
pu	20	Organizations that do not follow FASB ASC 958, check here ▶	700,511.	20	330,033.
r E		and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	3,065,159.	32	2,147,437.
_	33	Total liabilities and net assets/fund balances	5,098,343.	33	4,212,387.
					Form <b>990</b> (2020)

Form **990** (2020)

Form 990 (2020) Page **12** 

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Part	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			22,5		
2	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b> 4,240					
3	Revenue less expenses. Subtract line 2 from line 1	<b>.</b> 3 -917,					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2 2 2 5					
5	Net unrealized gains (losses) on investments	5				0.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
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				47,4		
	32, column (B))						
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_		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," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.	nt? <b>2a</b> X					
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a 📗				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of	2c	х		
	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, e	xplain	on				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b			

Form **990** (2020)

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RIGHTS AND URBAN AFFAIRS, INC.

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

Employer identification number 52-1784938

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	e this p	art.) See instructions	S				
Γhe	orga	anization is not a private fou	ndation because it	t is: (For lines 1 throug	gh 12, ch	eck only	one box.)					
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).					
2		A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	I-EZ).)					
3		A hospital or a cooperative	•	-								
4		A medical research organiz	•	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the				
		hospital's name, city, and st										
5		An organization operated to		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in				
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	$\square$		government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>									
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
_					Dant II \							
8	$\vdash$	A community trust describe			-			land mant callens				
9		An agricultural research org	=			-		= =				
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	iter the	name, city, and state of	i the college of				
0		university: An organization that norma	Illy receives (1) me	oro than 224/29/ of its	cupport	from cou	atributions momborsh	in food, and groce				
U		receipts from activities rela support from gross investm acquired by the organizatio	ited to its exempt facing the second income and under	functions, subject to c nrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more than s section 511 tax) from	1 331/3 % of its				
1		An organization organized										
2		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes				
		of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).										
		Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the				
	_	_ supporting organization.	You must complet	te Part IV, Sections A	and B.							
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having				
		control or management of	of the supporting o	organization vested in	the sam	e persor	s that control or man	age the supported				
	_	organization(s). <b>You must</b>	complete Part IV	, Sections A and C.								
С		$oxedsymbol{oxed}$ Type III functionally integrals						ly integrated with,				
		its supported organization	` ' '	•								
d		Type III non-functionally			-							
		that is not functionally inte			-		•	an attentiveness				
	Г	requirement (see instruct	•	-				l Time III				
е	L	Check this box if the orga functionally integrated, or						ı, туре ш				
f	Fn	ter the number of supported	• •			•	IOTI.					
a		ovide the following information	0									
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of				
	• •			(described on lines 1-10		ur governing	support (see	other support (see				
				above (see instructions))	Yes	nent?	instructions)	instructions)				
۸\												
A)												
B)												
_												
C)												
D)												
D)												
E)												

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,188,497.	2,134,656.	2,905,509.	1,480,741.	2,553,586.	11,262,989.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,188,497.	2,134,656.	2,905,509.	1,480,741.	2,553,586.	11,262,989.
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)						2,113,556.
6	Public support. Subtract line 5 from line 4						9,149,433.
	tion B. Total Support						.,,
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,188,497.	2,134,656.	2,905,509.	1,480,741.	2,553,586.	11,262,989.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,616.	1,525.	13,247.	33,558.	27,231.	79,177.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						11,342,166.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp		•				
14	Public support percentage for 2020 (lin						80.67%
15	Public support percentage from 2019	Schedule A, Pa	rt II, line 14			15	83.62 <b>%</b>
16a	331/3% support test - 2020. If the org			•		·	
	box and <b>stop here</b> . The organization qu	•		•			
b	331/3% support test - 2019. If the org						
	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization						-
	Part VI how the organization meets t			_			
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization master					-	•
	in Part VI how the organization meets			•	•		
10	Organization						
18	<b>Private foundation.</b> If the organizatio						
	instructions						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 3

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

16 Public support percentage from 2019 Schedule A, Part III, line 15	Sec	tion A. Public Support				<u> </u>	,	
1 dills, grams, contributions, and membership fees received. The one include any various grants 7) 2 Gross receipts from admissions, membandine sold or services performed, or facilities furnished in any activity that is related to the organization's time exempt perspose - or unrelated trade or business under section 513 - or any unrelated trade or business under section 513 - or appended on its behalf - or expended on			(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on	_							
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on		received. (Do not include any "unusual grants.")						
turnished in any activity purpose	2							
a granization's beceive the purpose.  3 Gross receipts from activities that are not an unrelieud trade or business under accion 513.  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from disqualified apersons in the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount of line 14 for the organization of line 14 or line 15 is more than 331/3%, and line 15 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 15 or 10 for more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 16 or 10 for more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 16 or 10 for 14 fo		sold or services performed, or facilities						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Trax revenues leviced for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities for turnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons , .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Public support. (Subtreat line 7c from line 6) .  9 Amounts from line 6.) .  10 Unrelated business stabile income (less section 511 taxes) from businesses acquired affer June 30, 1975 .  11 A Total support. (Add lines 9 10c, 11 and 12) .  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .  13 Total support. (Add lines 9 10c, 11 and 12) .  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here.  15 Public support percentage from 2019 Schedule A, Part III, line 15 .  16 Section D. Computation of Investment income Percentage  17 Investment income percentage for 2020 (line 8, column (t), divided by line 13, column (t)) .  18 Investment income percentage for 2020 (line 8, column (t), divided by line 13, column (t)) .  19 a 331/3% support rests - 2021. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a		furnished in any activity that is related to the						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Trax revenues leviced for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities for turnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons , .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Public support. (Subtreat line 7c from line 6) .  9 Amounts from line 6.) .  10 Unrelated business stabile income (less section 511 taxes) from businesses acquired affer June 30, 1975 .  11 A Total support. (Add lines 9 10c, 11 and 12) .  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .  13 Total support. (Add lines 9 10c, 11 and 12) .  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here.  15 Public support percentage from 2019 Schedule A, Part III, line 15 .  16 Section D. Computation of Investment income Percentage  17 Investment income percentage for 2020 (line 8, column (t), divided by line 13, column (t)) .  18 Investment income percentage for 2020 (line 8, column (t), divided by line 13, column (t)) .  19 a 331/3% support rests - 2021. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a		·						
4 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5	3							
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furnished by a governmental unit to the organization without charge,	5	·						
organization without charge	-							
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Schedule A (Form 990 or 990-EZ) 2020 Page **4** 

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.

  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)2 If "Yos" explain in **Part VI** how the organization determined that the supported
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.**
- 10 a 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.
  - 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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Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	110		
			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 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			ı
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance)  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr		s). <b>No</b>
2	Activities Test. Answer lines 2a and 2b below.		. 55	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If</i> "Yes" or "No," provide details in <b>Part VI</b> .	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3h		

Schedule A (Form 990 or 990-EZ) 2020

Page 6 Schedule A (Form 990 or 990-EZ) 2020

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	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 organia	zations r	nust complete Sectio	ns A through E.		
Se	ection 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		7				
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
C	Total (add lines 1a, 1b, and 1c)	1d				
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e				
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				
Se	ection C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7			ated Type III supporting	g organization		
	(see instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Page 7 Schedule A (Form 990 or 990-EZ) 2020

<b>Part</b>	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		1		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			3		
4	4 Amounts paid to acquire exempt-use assets			4		
5	5 Qualified set-aside amounts (prior IRS approval required - provide 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 organization is resp	onsive			
	(provide details in <b>Part VI</b> ). See instructions.			8		
9	9 Distributable amount for 2020 from Section C, line 6			9		
10	10 Line 8 amount divided by line 9 amount			10		
		<b>(i)</b>	(ii)		(iii)	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

PAGE 26

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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

Schedule A (Form 990 or 990-EZ) 2020

JSA

#### Schedule B (Form 990, 990-EZ, or 990-PF)

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

**Schedule of Contributors** 

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

| Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | Service | S

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				
	ered by the <b>General Rule</b> or a <b>Special Rule</b> .  8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
=	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.				
Special Rules					
regulations under sect 13, 16a, or 16b, and th	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 or 990-EZ), 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization WASHINGTON LAWYERS' COMMITTEE FOR CIVIL RIGHTS AND URBAN AFFAIRS, INC.

Employer identification number 52-1784938

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	KIRKLAND & ELLIS LLP  300 NORTH LASALLE  CHICAGO, IL 60654	\$123,175.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OTHER CONTRIBUTORS < 2%  700 14TH STREET NW #400  WASHINGTON, DC 20005	\$1,636,474.	Person  Payroll  Noncash  (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.)  (d)  Type of contribution
3	COVINGTON & BURLING  850 TENTH STREET, NW  WASHINGTON, DC 20001-4956	\$190,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	EUGENE AND AGNES E. MEYER FOUNDATION		Person X
	1250 CONNECTICUT AVE, NW WASHINGTON, DC 20036	\$75,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		\$	Noncash (Complete Part II for
	WASHINGTON, DC 20036 (b)	(c)	Noncash (Complete Part II for noncash contributions.)
No.	WASHINGTON, DC 20036  (b)  Name, address, and ZIP + 4  THE MORRIS & GWENDOLYN CAFRITZ FDN  1825 K STREET, NW, #1400	(c) Total contributions	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization WASHINGTON LAWYERS' COMMITTEE FOR CIVIL RIGHTS AND URBAN AFFAIRS, INC.

Employer identification number 52-1784938

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP  1440 NEW YORK AVE NW  WASHINGTON, DC 20005	\$61,163.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
8	WILLIAMS AND CONNOLLY  725 12TH ST NW  WASHINGTON, DC 20005	\$60,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9_	SMALL BUSINESS ADMINISTRATION  409 3RD STREET SW  WASHINGTON, DC 20416	\$533,217.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WASHINGTON LAWYERS' COMMITTEE FOR CIVIL Employer identification number RIGHTS AND URBAN AFFAIRS, INC. 52-1784938

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

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization WASHINGTON LAWYERS' CC		Employer identification number					
	RIGHTS AND URBAN AFFAI		52-1784938					
Part III	(10) that total more than \$1,000 for	the year from any one contributions completing Part III, enter the e year. (Enter this information on	described in section 501(c)(7), (8), or utor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc. see instructions.) ▶ \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Tarri								
	Transferee's name, address, a	(e) Transfer of gift and 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, and ZIP + 4  Relationship of transferor to transferee							
	Transieree's mame, address, an	verationship of transferor to transferee						
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	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, and ZIP + 4  Relationship of transferor to transferee							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•					
	-							

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

•	Section 501(c)(3) organizations	that have filed Form 5768 (election und	der section 501(h)): Cor	mplete Part II-A. Do not con	nplete Part II-B.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)	): Complete Part II-B. Do no	ot complete Part II-A.
		on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form 990-	EZ, Part V, line 35c (Proxy
,	(See separate instructions), ther Section 501(c)(4), (5), or (6) orga				
	( ) ( ) ( ) ( )	N LAWYERS' COMMITTEE FOR	O CTVITI	Employer ide	ntification number
	HTS AND URBAN AFFAIR		CLVIII	52-178	
		organization is exempt under	section 501(c) or i	I	
		<del>-</del>			
1	•	organization's direct and indirect p	ollical campaign ac	ctivities in Part IV. (See i	nstructions for
_	definition of "political campa	,		<b>.</b> •	
2		xpenditures (See instructions)			
3		campaign activities (See instruction	1S)		
	-	rganization is exempt under s			
1		ise tax incurred by the organization			
2		ise tax incurred by organization ma			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				<u> </u>
Par	t I-C Complete if the o	rganization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>8).</u>
1		xpended by the filing organization			
	activities			▶\$	
2		g organization's funds contributed			
	527 exempt function activities	es		▶\$	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ente	er here and on For	m 1120-POL,	
4		e Form 1120-POL for this year?			
5	· · · · · · · · · · · · · · · · · · ·	and employer identification numb	` '		•
		s. For each organization listed, en		0 0	
		ributions received that were prom nd or a political action committee (F			
		· · · · · · · · · · · · · · · · · · ·			1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				ming organizations	continuutions received and

<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

P	art II-A	Complete if the org	janizati	on is exer	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under	
Α	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 excess lobbying expenditures).								
В	Check ▶ if the filing organization checked box A and "limited control" provisions apply.								
		Limits (The term "expendit		ying Expeneration		)	(a) Filing organization's totals	(b) Affiliated group totals	
<ul> <li>1a Total lobbying expenditures to influence public opinion (grassroots lobbying)</li> <li>b Total lobbying expenditures to influence a legislative body (direct lobbying)</li> <li>c Total lobbying expenditures (add lines 1a and 1b)</li> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures (add lines 1c and 1d)</li> <li>f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</li> </ul>						ng)			
		ount on line 1e, column (a	) or (b) is:	The lobbyir	ng nontaxable amount	is:			
		\$500,000	, , ,		amount on line 1e.				
	Over \$50	0,000 but not over \$1,000	0,000	\$100,000 p	lus 15% of the excess	over \$500,000.			
	Over \$1,0	000,000 but not over \$1,5	00,000	\$175,000 p	lus 10% of the excess	over \$1,000,000.			
	Over \$1,	500,000 but not over \$17,	000,000	\$225,000 p	lus 5% of the excess of	over \$1,500,000.			
	Over \$17	7,000,000		\$1,000,000					
Ç	Grassro	ots nontaxable amount	(enter 25	5% of line 1f	)				
ŀ	n Subtract	t line 1g from line 1a. If	zero or le	ess, enter -0					
i		t line 1f from line 1c. If a							
j	If there	is an amount other th	an zero	on either I	line 1h or line 1i, o	did the organiza	tion file Form 4720		
	reporting	g section 4911 tax for t	his year?					Yes No	
			4	4-Year Aver	aging Period Unde	r Section 501(h)			
	(S	ome organizations tha			01(h) election do no te instructions for I			nns below.	
			Lobb	ying Expe	nditures During 4-Ye	ear Averaging Pe	riod		
		ar year (or fiscal year beginning in)	(a)	2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total	
28	a Lobbyin	g nontaxable amount							
k	-	g ceiling amount of line 2a, column (e))							
_	Total lob	obying expenditures							
_	d Grassro	ots nontaxable amount							
_		ots ceiling amount of line 2d, column (e))							
f	Grassro	ots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2020

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Page 3 Schedule C (Form 990 or 990-EZ) 2020

	(election under section 501(h)).	(a	1)		(b	)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo		
1	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:						
а	Volunteers?		Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х					
С	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?	Х					,418
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	21	Х				, 110
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		X				
i i	Other activities?  Total. Add lines 1c through 1i					1	,418
z 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	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?						
Par	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5)	, or s	ectio	n		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	ļ	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
r ai	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (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 amou	nts (	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b 2c			
C	Total			3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
	and political expenditure next year?	DDyll	9	4			
5	Taxable amount of lobbying and political expenditures (See instructions)			5			
Par	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	arou	ın lint	\. Dort	II A II		and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	ıp iist	); Part	II-A, II	nes i	and

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020 Page 4

Part IV **Supplemental Information** (continued)

Schedule C (Form 990 or 990-EZ) 2020

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

	GHTS AND URBAN AFFAIRS, INC.	52-1784938
Га	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
		(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 writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		f a historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
С	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	onservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
_	<b>&gt;</b> \$	470 (L) (A) (D) (C)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and of the conservation easements in its revenue and of the conservation are the conservation in the conservation in the conservation is a series of the conservation and the conservation is a series of the conservation and the conservation is a series of the conservation and the conservation is a series of the conservation and the conservation are series of the conservation are series of the conservation and the conservation are series of the conservation and the conservation are series of the conser	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia organization's accounting for conservation easements.	i statements that describes the
D۶	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	olilliai Assets.
4 -		statement and balance about well-
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to those items:	arch in furtherance of public service,
	provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	<b>*</b> \$
	(ii) Assets included in Form 990, Part X	
2		
2	If the organization received or held works of art, historical treasures, or other similar as	sets for illiancial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:  Revenue included on Form 990, Part VIII, line 1	<b>▶</b> ¢
a b	Assets included in Form 990, Part VIII, line 1.	
		· Ψ

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **2** 

Pa	rt III Organizations Maintaini	ng Collecti	ons of A	Art, Histo	rical Tre	asures	or Other	Similar Assets (	(continued)	rage =
3	Using the organization's acquisition	n, accessio	n, and ot	her reco	ds, check	k any of	the follow	ring that make sig	nificant use	of its
	collection items (check all that apply):									
а	Public exhibition			d	Loan	or excha	nge progra	m		
b	Scholarly research			e	Other					
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's co	llections	and expla	ain how t	they furt	her the or	ganization's exemp	ot purpose i	n Part
	XIII.									
5	During the year, did the organization									_
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pa	Part IV Escrow and Custodial Arrangements.									
	Complete if the organiza	ation answe	red "Yes	s" on For	m 990, F	Part IV, I	ine 9, or r	eported an amou	int on Form	1
	990, Part X, line 21.									
1a	Is the organization an agent, trus									
	included on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement i	n Part XIII a	nd compl	ete the fo	llowing tab	ole:				
						-		Amoun	t	
С.	Beginning balance					_	1c			
d	Additions during the year					_	1d			
e	Distributions during the year					_	1e			
f	Ending balance  Did the organization include an am						1f	o o o o unt liabilitu?	X Yes	No
	If "Yes," explain the arrangement i									No X
	rt V Endowment Funds.	II Pail Aiii. C	neck ne	ie ii tile e	хріапаціоп	nas bee	n provided	On Part Alli		Δ]
Га	Complete if the organiza	ation answe	red "Yes	s" on For	m 990 F	Part IV I	ine 10			
	Complete ii the organize	(a) Current		(b) Pric			years back	(d) Three years back	(e) Four yea	rs back
4.	Denienien of wear belones		•	(2)	,	(-, -	,	(a) mee yeare back	(0) : 0 a. ) 0 a.	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
الم	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses End of year balance									
g 2	Provide the estimated percentage	of the curre	ot voor o	nd halanc	o (lino 1a	column	(a)) hold as			
a	Board designated or quasi-endown		ii year e	%	e (iiile 1g,	COIGITITI	(a)) Held as	•		
b	Permanent endowment ▶	%		•						
С	Term endowment ▶	%								
	The percentages on lines 2a, 2b, a	and 2c should	d equal 10	00%.						
3a	Are there endowment funds not in		-		ation that	are held	and admir	nistered for the		
	organization by:	-		_					Yes	s No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizati	ons listed	l as require	ed on Sch	edule R?			3b	
4	Describe in Part XIII the intended u		rganizati	on's endo	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	arod "Vo	s" on Fo	rm 000 l	Dart I\/	lina 11a (	Soo Form 900 P	art Y lina 1	0
	Description of property		n) Cost or c			or other bas			d) Book value	<del>0.</del>
		,	(investr			ther)		eciation		
1a	Land									
b	Buildings				1 1	200 20		05 104	1 015	101
C	Leasehold improvements				1	220,30		05,184.	1,015	
d	Equipment				-	77,92		74,030.		,896.
	Other			000 5- 1	V ==1:::	31,00		8,857.		,143.
ı ota	I. Add lines 1a through 1e. (Column	ı (a) must eq	uaı r-orm	990, Part	x, columi	n (B), IIN6	e 1UC.)	▶	1,141	, тоυ.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities. Complete if the organization answe	ered "Yes" on Form 990	), Part IV, line 11b. See Form 990, Part X, line 12	Page 3
(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)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII Investments - Program Related. Complete if the organization answer	ered "Yes" on Form 990	), Part IV, line 11c. See Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)		Cook of one of your market value	
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
_(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets. Complete if the organization answe	ered "Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15	5.
(a)	) Description	(b) Book valu	ie
(1)			
_(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (	(B) line 15.)		
Part X Other Liabilities.	, , , , , , , , , , , , , , , , , , , ,		
Complete if the organization answe	ered "Yes" on Form 990	), Part IV, line 11e or 11f. See Form 990, Part X,	
1. (a) Des	scription of liability	(b) Book valu	ie
(1) Federal income taxes			
(2) DEFERRED RENT		1,677,	026.
(3)			
(4)			
(5)			
(6) (7)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line :	25.)	1,677,	026.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under FA			

JSA 0E1270 1.000 8637LA C021

Schedul	e D (Form 990) 2020		Page 4
Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	45,262,629.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	41,940,103.
3	Subtract line 2e from line 1	3	3,322,526.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,322,526.
Part 1		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	46,180,351.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	41,940,103.
3	Subtract line 2e from line 1	3	4,240,248.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	.	
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b	4c	4 240 240
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,240,248.
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part \/	line 1: Part Y line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	990, SCHEDULE D, PART IV, LINE 2A		
	550, Beniboli D, Timei IV, Birei Bi		
EXPL	ANATION OF ESCROW LIABILITY ACCOUNT: THE ORGANIZATION IS RESPONSIBLE		
FOR 1	RECEIVING AND DISTRIBUTING CLIENT FUNDS TO THE FINAL RECIPIENTS		
PURS	UANT TO THE SETTLEMENT AGREEMENT OR COURT ORDER.		

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2020

JSA

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

Inspection Employer identification number

IVallic	of the organization WASHINGTON LAW	YYERS' COMMI	TTEE FOI	R CIVIL		Employer identification	on number
RIGI	HTS AND URBAN AFFAIRS, INC.					52-1784938	
Part	Fundraising Activities. Comp Form 990-EZ filers are not red				Yes" on Form 99	90, Part IV, line 1	7.
1	Indicate whether the organization rais	·			activities. Check a	all that apply.	
а	Mail solicitations	e		_	non-government g		
b	Internet and email solicitations	f			government grant		
С	Phone solicitations	g			ising events		
d	In-person solicitations	_	· — ·		J		
2a	Did the organization have a written or	oral agreement	with any in	dividual (in	cluding officers, d	lirectors, trustees.	
	or key employees listed in Form 990, If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the compensa	Part VII) or entity iduals or entities	y in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		· ·	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organizat registration or licensing.	ion is registered	or license	d to solicit	contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 Page **2** 

Pa		Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contribut eater than \$5,000.	tions and gross incom		
	F		(a) Event #1 BRANTON LUNCH	(b) Event #2 TRUSTEES B-FAS	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	278,500.	16,943.		295,443
œ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)		16,943.		295,443
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add line Net income summary. Subtract line				295,443
Pa	rt l	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
 	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	% Yes% No	Yes% No	)
	7	Direct expense summary. Add line	es 2 through 5 in colu	ımn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a	l	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:	duct gaming activities	in each of these state	es?	Yes No
•	-					
10a		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus		uring the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2020 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2020

### SCHEDULE I (Form 990)

Name of the organization

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

2020

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

Open to Public Inspection

Employer identification number

RIGHTS AND URBAN AFFAIRS, INC.						52-178493	38
Part I General Information on Grants and	d Assistance	9				·	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistanc	e?					X Yes No
Part IV, line 21, for any recipient the							es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOONE ELEMENTARY SCHOOL  2200 MINNESOTA AVE SE WASHINGTON, DC 20020	52-1414253			26,602.	FMV	COMPUTERS	SUPPORT ONLINE LEARNING
(4)							
(5)							
(6)							
_(9)	_						
(10)							
(11)							
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations list	ted in the line	1 table				<b>&gt;</b>	

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE I

THIS GRANT WAS AWARDED AS PART OF AN ONGOING PARTNERSHIP BETWEEN THE

WASHINGTON LAWYERS' COMMITTEE, THE LAW FIRM OF ZUCKERMAN SPAEDER AND

BOONE ELEMENTARY. ZUCKERMAN, KIRKLAND & ELLIS AND BDO MADE A GIFT TO THE

COMMITTEE TO SUPPLY BOONE WITH LAPTOPS, KEYBOARDS, E-PENS AND CASES.

ZUCKERMAN MAINTAINED REGULAR CONTACT WITH THE SCHOOL THROUGHOUT THE YEAR

THAT INCLUDED MONITORING THE RECEIPT AND USE OF THE EQUIPMENT. THE

COMMITTEE'S EDUCATION PROJECT DIRECTOR ALSO KEPT IN TOUCH WITH THE

ASSISTANT PRINCIPAL AND DIRECTOR OF STRATEGY & LOGISTICS AT BOONE

REGARDING THE RECEIPT AND USE OF THE EQUIPMENT.

#### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

RIGHTS AND URBAN AFFAIRS, INC.

Employer identification number 52-1784938

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	If any of the bound on the Annua charled did the appropriation follows a switter maliar annualization and			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
_	11 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	0-		Х
a	The organization?	6a		X
b	Any related organization?	6b		Λ
-				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL 52-1784938

Schedule J (Form 990) 2020 Page **2** 

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation			benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JONATHAN SMITH	(i)	184,011.	0.	0.	13,680.	26,715.	224,406.	
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
KATHERINE GARRETT	(i)	143,943.	0.	0.	8,992.	38,717.	191,652.	
	(ii)	0.	0.	0.				
HANNAH LIEBERMAN	(i)	159,926.	0.	0.	10,862.	2,214.	173,002.	
3LEGAL DIRECTOR	(ii)	0.	0.	0.				
GREGG KELLEY	(i)	150,445.	0.	0.	9,753.	11,039.	171,237.	
	(ii)	0.	0.	0.				
KAITLIN BANNER	(i)	149,394.	0.	0.	9,630.	18,767.	177,791.	
5DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.				
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							1 1 1/5 200) 200

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL 52-1784938

Schedule J (Form 990) 2020

## Part | 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.

Schedule J (Form 990) 2020

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8637LA C021 V 20-7.6F 88042 PAGE 49

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL Employer ide

RIGHTS AND URBAN AFFAIRS, INC.

Employer identification number 52-1784938

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER REVIEW THE FORM 990,

WHICH IS PREPARED BY AN INDEPENDENT CPA FIRM, BEFORE DISSEMINATING TO

BOARD MEMBERS AND FILING WITH THE IRS.

FORM 990, PART VI, LINE 15A & B - COMPENSATION REVIEW & APPROVAL MEMBERS OF THE EXECUTIVE COMMITTEE CONDUCT AN INFORMAL SURVEY OF COMPARABLE ORGANIZATIONS AND DETERMINE COMPENSATION ACCORDINGLY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS

MANAGEMENT MAKES THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC WITHIN A REASONABLE TIME WHEN REQUESTED.

FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST

THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM MUST BE COMPLETED

ANNUALLY BY ALL BOARD MEMBERS, STAFF MEMBERS, AND OFFICERS.

ATTACHMENT

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROTECT, THROUGH LITIGATION AND LEGAL REPRESENTATION, THE CIVIL RIGHTS OF PERSONS WHO HAVE HISTORICALLY BEEN SUBJECT TO DISCRIMINATION AND POVERTY. THE COMMITTEE PROVIDES PRO BONO SERVICES BY MOBILIZING THE RESOURCES OF VOLUNTEER LAWYERS AND LAW FIRMS IN THE DC METRO AREA.

Name of the organization WASHINGTON LAWYERS' COMMITTEE FOR CIVIL RIGHTS AND URBAN AFFAIRS, INC.

Employer identification number 52-1784938

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

WLC ENGAGES IN LITIGATION, PUBLIC POLICY ADVOCACY, CLIENT COUNSELING AND COMMUNITY EDUCATION TO ADDRESS RACIAL AND OTHER FORMS OF DISCRIMINATION. THE COMMITTEE WORKS ON MATTERS THAT AFFECT THE DISTRICT OF COLUMBIA AND THE SURROUNDING REGION AND ON CASES OUTSIDE OF THE REGION THAT MAY HAVE AN IMPACT ON LOCAL RESIDENTS. WE WORK CLOSELY WITH THE PRIVATE BAR TO EXPAND THE CAPACITY OF OUR STAFF AND RELY HEAVILY ON FIRM PRO BONO PARTNERS. OUR PROJECT PRIORITIES INCLUDE: (1) CREATING EQUAL OPPORTUNITY TO ECONOMIC STABILITY FOR INDIVIDUALS AND FAMILIES; PEOPLE OF COLOR, WOMEN, CHILDREN AND PERSONS WITH DISABILITIES WHO ARE DISPROPORTIONATELY FORCED TO LIVE IN POVERTY. THE INEQUITIES IN THE SOCIAL AND LEGAL SYSTEMS HAVE CREATED CIRCUMSTANCES IN WHICH SOCIAL MOBILITY IS EXTREMELY LIMITED AND THE GAP BETWEEN RICH AND POOR IS EXPANDING. INEQUALITY AND IMMOBILITY IS SIGNIFICANTLY WORSE IN COMMUNITIES OF COLOR. POVERTY HAS BECOME AS MUCH AN INHERITANCE AS WEALTH. WORK HAS BECOME A KEY ELEMENT OF REDUCING POVERTY SINCE WELFARE "REFORM," MAKING ACCESS TO EMPLOYMENT, FAIR WAGES AND STABILITY IN WORK CRITICAL.(2) CHALLENGING THE CONDITIONS THAT FORCE RACIAL AND ECONOMIC SEGREGATION AND THAT LIMIT OPTIONS FOR SAFE, DECENT AND AFFORDABLE HOUSING BASED ON RACE AND NATIONAL ORIGIN; HOUSING SEGREGATION IS ITSELF INHERENTLY UNEQUAL AND CONTRIBUTES TO DIMINISHED OPPORTUNITIES FOR EDUCATION, WORK AND RECREATION. RACIAL SEGREGATION IN HOUSING IS INCREASING IN THE DISTRICT AND THE REGION DRIVEN BY ECONOMIC DEVELOPMENT. THE EFFECTS OF DISCRIMINATION IN THE CRIMINAL LEGAL SYSTEM AND OTHER

Name of the organization WASHINGTON LAWYERS' COMMITTEE FOR CIVIL RIGHTS AND URBAN AFFAIRS, INC.

Employer identification number 52-1784938

ATTACHMENT 2 (CONT'D)

STRUCTURAL AND ECONOMIC FACTORS. THE FORCES OF SEGREGATION IN THE DISTRICT HAVE DEPRIVED LOW INCOME AND MANY COMMUNITIES OF COLOR ACCESS TO SAFE, DECENT AND AFFORDABLE HOUSING.(3) REDUCING BARRIERS TO PUBLIC SERVICES AND PUBLIC ACCOMMODATIONS; THE ABILITY TO ACCESS PUBLIC SERVICES OR PARTICIPATE IN THE ECONOMY ARE ESSENTIAL TO BE FULL MEMBERS OF SOCIETY. EVERYONE, REGARDLESS OF RACE, GENDER, DISABILITY OR LANGUAGE SHOULD BE FREE FROM DISCRIMINATION IN CIVIC PARTICIPATION, ECONOMIC ACTIVITY AND SOCIAL ENGAGEMENT. (4) CREATING EQUAL OPPORTUNITY FOR AN EDUCATION; ONE OF THE GREAT UNFINISHED PROJECTS OF THE CIVIL RIGHTS MOVEMENT IS ADDRESSING INEQUALITY IN EDUCATION. SCHOOLS ARE INCREASINGLY SEGREGATED, SEPARATE AND UNEQUAL. CHILDREN OF COLOR, WITH DISABILITIES AND ENGLISH LANGUAGE LEARNERS ARE MUCH MORE FREQUENTLY DENIED THE OPPORTUNITY TO THRIVE AND ACHIEVE THEIR ASPIRATIONS. EDUCATION REFORM IN THE DISTRICT AND IN THE REGION, HAS HAD SOME EFFECT, BUT IT IS LIMITED.(5) REDUCING THE IMPACT OF AN UNFAIR CRIMINAL SYSTEM; THE CRIMINAL SYSTEM IS A PRIME DRIVER OF INEQUALITY. WORK TO ADDRESS THESE ISSUES WILL INCLUDE: (A) A CONTINUED STRONG EMPHASIS ON ADDRESSING CONDITIONS OF INCARCERATION. PERSONS CONFINED TO PRISONS, JAILS, IMMIGRATION DETENTION AND OTHER CRIMINAL SYSTEM INSTITUTIONS ARE CONFRONTED WITH A UNIQUE AND PARTICULARLY CRUEL FORM OF STATE POWER. AS LONG AS MASS INCARCERATION IS A FACT, THE NEED FOR PRISONERS' RIGHTS ADVOCACY WILL BE ESSENTIAL.(B) STRATEGIES TO REDUCE UNNECESSARY AND DISCRIMINATORY CONTACT WITH THE CRIMINAL JUSTICE SYSTEM AND

Name of the organization WASHINGTON LAWYERS' COMMITTEE FOR CIVIL Employer identification number
RIGHTS AND URBAN AFFAIRS, INC. 52-1784938

ATTACHMENT 2 (CONT'D)

THAT REDUCES THE EFFECTS OF SUCH CONTACT. RACE BIAS IS DEEPLY

IMBEDDED IN EACH CRIMINAL SYSTEM COMPONENT, INCLUDING THE WRITING

OF LAWS, POLICE, PROSECUTORS, COURTS, PRISONS AND THE EFFECTS OF

COLLATERAL CONSEQUENCES. THESE EFFECTS ARE SIGNIFICANT WHETHER

THEY RESULT IN LONG-TERM INCARCERATION, CRUSHING COURT IMPOSED

FINANCIAL OBLIGATIONS (DEBTORS' PRISONS) OR BARRIERS TO

EMPLOYMENT, EDUCATION OR HOUSING AFTER A PERIOD OF INCARCERATION.