Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| <u> </u> | For th | e 2021 | calendar year, or tax year beginning | | and ending | | | | | | |
|--------------------------------|---------------|-------------------|---|---|------------------|----------|-------------------------------------|---------------|---------------------------|--|--|
| B (| Chock if | applicable: | C Name of organization WASHINGTON | LAWYERS' COMMITTEE FO | OR CIVIL | | D Employer ider | ntificat | tion number | | |
| _ | _ | | RIGHTS AND URBAN AFFA | IRS, INC. | | | | | | | |
| | Addr chan | | Doing business as | | | | 52-1784 | | | | |
| | Nam | e change | Number and street (or P.O. box if mail is | not delivered to street address) | Room/suite | | E Telephone number | | | | |
| | _ | l return | 700 14TH STREET NW, 40 | | | | (202)31 | _9 – 1 | L000 | | |
| | term | return/ inated | City or town, state or province, country, a | and ZIP or foreign postal code | | | | | | | |
| | Ame retur | | WASHINGTON, DC 20005 | | | | G Gross receipts | \$ | 7,157,009 | | |
| | Appli pend | ication ling | F Name and address of principal officer: | JONATHAN SMITH | | | H(a) Is this a grou subordinates | | n for Yes X No | | |
| | | | 700 14TH STREET, NW, ST | re #400, washington, d | C 20005 | | H(b) Are all subordi | | cluded? Yes No | | |
| <u> </u> | Tax-ex | kempt st | atus: X 501(c)(3) 501(c) (|) (insert no.) 4947(a)(1) | or 527 | 7 | If "No," at | tach a li | ist. See instructions | | |
| J | Webs | ite: 🕨 | WWW.WASHLAW.ORG | | | | H(c) Group exemp | tion nu | mber > | | |
| K | Form | of organ | nization: X Corporation Trust | Association Other > | L Year of | f format | ion: 1992 M s | State o | of legal domicile: DC | | |
| Р | art I | Su | ımmary | | | | | | | | |
| | 1 | Briefly | y describe the organization's mission o | r most significant activities: TO PF | ROTECT, I | THRO | UGH LITIGA | ATIC | N AND LEGAL | | |
| e | | REPI | RESENTATION, THE CIVIL R | RIGHTS OF PERSONS WHO I | HAVE HIS | TORI | CALLY | | | | |
| яľ | | BEEI | N SUBJECT TO DISCRIMINAT | ION AND POVERTY. | | | | | | | |
| /eri | 2 | Check | k this box 🕨 🔃 if the organization d | iscontinued its operations or dispose | ed of more tha | an 25% | of its net assets | S. | | | |
| Governance | 3 | Numb | per of voting members of the governing | body (Part VI, line 1a) | | | | 3 | 7 | | |
| | | Numb | per of independent voting members of t | | | | | 4 | 7 | | |
| Activities & | 5 | | number of individuals employed in cale | | | | | 5 | 3 | | |
| Ξ̈́ | 6 | | number of volunteers (estimate if necess | | | | | 6 | 46 | | |
| Ac | 7a | | unrelated business revenue from Part V | | | | | 7a | | | |
| | | | nrelated business taxable income from I | | | | | 7b | | | |
| | | | | , | | | Prior Year | | Current Year | | |
| 4 | 8 | Contri | ibutions and grants (Part VIII, line 1h) | | | | 2,849,02 | 9. | 5,666,791 | | |
| Revenue | 9 | | am service revenue (Part VIII, line 2g) | | 446,26 | | 1,485,845 | | | | |
| eve | 10 | | tment income (Part VIII, column (A), line | | | | 27,23 | 4,373 | | | |
| Ř | 11 | | revenue (Part VIII, column (A), lines 5, | | | | - | ONE | -58,251 | | |
| | 12 | | revenue - add lines 8 through 11 (must | | | | 3,322,52 | $\overline{}$ | 7,098,758 | | |
| | 13 | | s and similar amounts paid (Part IX, colu | | | | 37,60 | 4,000 | | | |
| | 14 | | its paid to or for members (Part IX, colu | | |)NE | NON | | | | |
| | 4- | | es, other compensation, employee bene | | | | 3,070,17 | 2,975,631 | | | |
| Expenses | 16 a | | ssional fundraising fees (Part IX, column | | | | | ONE | NON: | | |
| ber | . I'u | | fundraising expenses (Part IX, column (I | | | | 11/0 | 71415 | IVOIV. | | |
| Ĕ | 17 | | expenses (Part IX, column (A), lines 11 | · · · · · · · · · · · · · · · · · · · | | | 1,132,47 | 6 | 1,199,461 | | |
| | 18 | | expenses. Add lines 13-17 (must equal | | | | 4,240,24 | | 4,179,092 | | |
| | 19 | | nue less expenses. Subtract line 18 from | | | | -917,72 | | 2,919,666 | | |
| or es | | IVEVE | Tue less expenses. Subtract line to from | 1 11116 12 | | Begin | ning of Current Y | | End of Year | | |
| Net Assets or Fund Balances | 20 | Total | assets (Part X, line 16) | | | 209 | 4,212,38 | _ | 6,938,100 | | |
| Ass. Bal | 21 | | liabilities (Part X, line 26) | | | | 2,064,95 | | 1,870,997 | | |
| Tet / | 22 | | ssets or fund balances. Subtract line 21 | | | | 2,147,43 | | 5,067,103 | | |
| | art II | | gnature Block | nom ine 20 | | | 2,117,13 | / · | 3,007,103 | | |
| _ | | | of perjury, I declare that I have examined this | is return including accompanying schedu | ules and statem | nents a | and to the best of | mv kı | nowledge and belief it is | | |
| tru | e, corr | ect, and | complete. Declaration of preparer (other than | officer) is based on all information of whi | ich preparer has | s any kr | nowledge. | | | | |
| | | | | | | | 11/0 | 7/2 | 1022 | | |
| Sig | gn | 5 | Signature of officer | | | | Date |) / / 스 | 1022 | | |
| He | | | TONATUANI CMITII | EVI | , , , | ים מדח | CTOD | | | | |
| | | _ | JONATHAN SMITH Type or print name and title | LAI | ECUTIVE I | DIKE | CIOR | | | | |
| | | | Type or print name and title (Type preparer's name | Preparer's signature | Date | | 0 | ., P | TIN | | |
| Pai | d | | | sparor o dignataro | Date | | Check self-employe | ". | | | |
| Pre | parer | | AN W DOW, CPA | | | 1 | | | 200367740 | | |
| Use | Only | | sname SARFINO AND RHOAL | | | | Firm's EIN | | 2-0961657 | | |
| N 4 - | - جائم ب | | | E, SUITE 501 NORTH BETHESDA, MD | | | Phone no. | 30 | 1-770-5500 | | |
| _ | | | liscuss this return with the preparer | | | | <u> </u> | | | | |
| For | rape | rwork | Reduction Act Notice, see the separat | e instructions. | | | | | Form 990 (2021) | | |

Form 990 (2021) Page **2**

| | | | ice Accomplishments s a response or note to any line in this Pa | rt III | |
|----|-------------------------------------|---|---|---------------|----------|
| 1 | Briefly describe the | = | sion: | | |
| | SEE SCHEDULE | 0 | | | |
| | | | | | |
| 2 | | | gnificant program services during the ye | | Yes X No |
| • | If "Yes," describe th | ese new services o | n Schedule O. | | |
| 3 | | | ting, or make significant changes in | | Yes X No |
| 4 | Describe the organexpenses. Section | nization's program 501(c)(3) and 50° | service accomplishments for each of (c)(4) organizations are required to reported, for each program service reported. | | |
| 4a | (Code: | _) (Expenses \$ | 3,027,547. including grants of \$ |) (Revenue \$ |) |
| | SEE SCHEDULE | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4b | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | / |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| _ | | \ (E | | \/D | , |
| 4C | (Code: | _) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | Other program serv | | | · · | |
| 4e | | including | grants of \$) (Revenu |)) | |

4e Total program service expenses ►

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Form **990** (2021)

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Part IV Checklist of Required Schedules Page 3

| rai | 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 | | | |
| | 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) | | 3.5 | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 5 | | v |
| 6 | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 3 | | X |
| O | 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, | _ | | 21 |
| • | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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 | <u>L</u> |
| 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 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| t | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| ıza | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 120 | v | |
| h | Schedule D, Parts XI and XII | 12a | X | |
| IJ | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | 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 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| •- | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

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Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

| Part | Checklist of Required Schedules (continued) | | | |
|------|--|-----|-----|-----|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| · | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | |
| | | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | , | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| • | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| а | | 28a | | Х |
| L | "Yes," complete Schedule L, Part IV | | | |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| ~ | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 100 | | |
| 50 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | v |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | X |
| 31 | | 27 | | 3.5 |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| Dowl | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Estable and beautiful to be 0 of Estable 2000 Estable 200 | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |

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Form 990 (2021) Page 5

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|-----|---|-----|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 39 | | | |
| 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 <i>e-file</i> . See instructions. | | | |
| 3a | 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 | | Х |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | 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.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 425 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| _ | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | The original control of the control | | | |
| | Enter the amount of reserves on hand | 14a | | Х |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ^ |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | טדי | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | Λ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| 10 | If "Yes," complete Form 4720, Schedule O. | | | 25 |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| • • | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes " complete Form 6069 | | | |

Form **990** (2021)

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52-1784938 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 | | | |
|-------|---|---------------|-------|--------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 72 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| - | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| 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 | | X |
| 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 on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Χ | |
| 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 on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | _X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| Casti | organization's exempt status with respect to such arrangements? | 16b | | |
| | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) | | | . , |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | f inter | est p | olicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record THE COMMITTEE 700 14TH STREET NW #400 WASHINGTON, DC 20005 | s > | | |

202-319-1000

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ | (E) Reportable compensation from related organizations (W-2/ | (F) Estimated amount of other compensation from the |
|------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | organization and related organizations |
| (1) JONATHAN SMITH | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | NONE | | | х | | | | 189,571. | NONE | 43,031. |
| (2) KAITLIN BANNER | 40.00 | | | | | | | | | |
| DEPUTY LEGAL DIRECTOR | NONE | | | | | X | | 154,908. | NONE | 29,914. |
| (3) JACQUELINE KUTNIK-BAUDER | 40.00 | | | | | | | , | | , |
| DEPUTY LEGAL DIRECTOR | NONE | 1 | | | | X | | 151,099. | NONE | 29,661. |
| (4) GREGG KELLEY | 40.00 | | | | | | | | | |
| DIRECTOR, DEV. & COMM. | NONE | | | | | X | | 157,025. | NONE | 22,367. |
| (5) KENT WITHYCOMBE | 40.00 | | | | | | | | | |
| DIRECTOR, PUBLIC EDUCATION | NONE | | | | | X | | 107,720. | NONE | 35,544. |
| (6) ROCHELLE JONES | 40.00 | | | | | | | | | |
| CFO | NONE | | | Х | | | | 115,509. | NONE | 20,688. |
| (7) KATHERINE GARRETT | 40.00 | | | | | | | | | |
| COO (THROUGH 7/2021) | NONE | | | Х | | | | 92,781. | NONE | 22,246. |
| (8) DANIEL KATZ | 40.00 | | | | | | | | | |
| SENIOR COUNSEL | NONE | | | | | Х | | 102,300. | NONE | 6,891. |
| (9) JOHN FREEDMAN | 1.00 | | | | | | | | | |
| EXECUTIVE COMMITTEE MEMBER | NONE | Х | | | | | | NONE | NONE | NONE |
| (10) JENNIFER LEVY | 1.00 | | | | | | | | | |
| EXECUTIVE COMMITTEE MEMBER | NONE | Х | | | | | | NONE | NONE | NONE |
| (11) KEVIN METZ | 1.00 | | | | | | | | | |
| IMMEDIATE PAST CO-CHAIR | NONE | Х | | | | | | NONE | NONE | NONE |
| (12) GEORGE RUTTINGER | 1.00 | | | | | | | | | |
| SECRETARY/TREASURER | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (13) THOMAS ALLEN | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| (14) ROY AUSTIN | NONE | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |

Form **990** (2021)

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| Part VII Section A. Officers, Directors, Tru | ustees, Ke | y En | plc | ye | es, | and F | ligl | hest Compensat | sated Employees (continued) | | | | |
|---|---|--------------------------------|-----------------------|----------------------|----------------------|------------------------------|--------------|--------------------------------------|--|--|--|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for | box, | unles | Pos heck ss pe | rson lirect | e than o | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) 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 | | | |
| (15) DOUGLAS BARUCH | 1.00 | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | |
| (16) DAVID BEDDOW | NONE_ | | | | | | | | | | | | |
| DIRECTOR (THROUGH 4/2021) | NONE | X | | | | | | NONE | NONE | NONE | | | |
| (17) L. SCOTT BURWELL | 1.00 | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | |
| (18) G. BRIAN BUSEY | 1.00 | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | |
| (19) ADAM CHUD | NONE | | | | | | | | | | | | |
| DIRECTOR (THROUGH 7/2021) | NONE | X | | | | | | NONE | NONE | NONE | | | |
| (20) JOSEPH DAVIS | 1.00 | | | | | | | | | | | | |
| EXECUTIVE COMMITTEE MEMBER | NONE | X | | | | | | NONE | NONE | NONE | | | |
| (21) JOHN DEVANEY | 1.00 | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | |
| (22) DAVID DICKIESON | 1.00 | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | |
| (23) DAVID DOUGLASS | 1.00 | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | |
| (24) ROBERT DUNCAN | 1.00 | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | |
| (25) SHANKAR DURAISWAMY | 1.00 | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | |
| 1b Sub-total | | | | | | | ightharpoons | 1,070,913. | NONE | 210,342. | | | |
| c Total from continuation sheets to Part VII, S | ection A | | | | | | ightharpoons | NONE | NONE | NONE | | | |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 1,070,913. | NONE | 210,342. | | | |
| 2 Total number of individuals (including but not reportable compensation from the organization | | hose | liste | d al | bov | e) who | re | ceived more than | \$100,000 of | | | | |
| | | | | | | | | | | Yes No | | | |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched | | | | | | | | | | 3 | | | |
| 4 For any individual listed on line 1a, is the organization and related organizations gr | eater than | \$15 | 0,0 | 00? | ' It | "Yes | ," (| complete Schedu | le J for such | | | | |
| individual | | | | | | | | | | 4 | | | |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y | accrue co es," comple | mpen <i>te Scl</i> | sati nedu | on f ule J | fron <i>I for</i> | n any such | uni per | related organizations on | on or individual | 5 | | | |

Section B. Independent Contractors

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

| (A) 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 (2021) Page **8**

| Part VII Section A. Officers, Directors, Tro | ustees, Ke | y En | nplo | ye | es, | and I | Hig | hest Compensat | ed Employees (d | ontinue | <u>d)</u> | |
|---|---|-----------------------------------|-----------------------|------------------------|--------------|------------------------------|-----------------------|----------------------------------|--|-----------------|---|----------|
| (A) | (B) | | | (| C) | | | (D) | (E) | | (F) | |
| Name and title | Average hours per week (list any hours for | box, | unle er an | heck ss pe d a c | erson | e than of is both tor/trust | an tee) | Reportable compensation from the | Reportable compensation from related organizations | am c comp | imated ount of other oensation om the | 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) | orga and | inizatio related nization | d |
| 26) JOSEPH EDMONDSON | 1.00 | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | | | NON |
| 27) JULIE FERNANDES | 1.00 | - | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | | | NON |
| 28) J. DAVID FOLDS | 1.00 | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | | | NON |
| 29) DANIELLE FOLEY | 1.00 | ., | | | | | | NONE | NONTE | | | NTONTI |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | | | NON |
| 30) JASON FRANKL | NONE_ | | | | | | | NONE | NONTE | | | NT (NTI |
| DIRECTOR 31) JAMIE GARDNER | 1.00 | X | | | | | | NOINE | NONE | | | NON |
| CO-CHAIR | NONE | X | | Х | | | | NONE | NONE | | | NONI |
| 32) EMILY GRIM | 1.00 | 71 | | 21 | | | | NONE | NONE | | • | 110111 |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | | | NON |
| 33) MARK GUERRERA | 1.00 | | | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | | | NON |
| 34) PAUL HAMBURGER | 1.00 | | | | | | | | | | | |
| TREASURER | NONE | Х | | | | | | NONE | NONE | | | NON |
| 35) STEPHEN HARBURG | 1.00 | | | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | | | NON |
| 36) MAUREEN HARDWICK | 1.00 | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | | | NON |
| 1b Sub-total | | | | | | | \blacktriangleright | | | | | |
| c Total from continuation sheets to Part VII, S | _ | | | | | | > | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | | | | | |
| 2 Total number of individuals (including but not reportable compensation from the organization) | | hose | liste | ed a | bov | e) who | o re | eceived more than | \$100,000 of | | | |
| | Р | | | | | | | | | | Yes | No |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched | | | | | | | | | | 3 | | |
| 4 For any individual listed on line 1a, is the organization and related organizations gr individual | eater than | \$15 | 0,0 | 00? | . It | "Yes | 3," | complete Schedu | le J for such | 4 | | |
| 5 Did any person listed on line 1a receive or | | | | | | | | | | | | |
| for services rendered to the organization? If "Y | | | | | | | | | | 5 | | |
| Section B. Independent Contractors | , | | | | | | , | | | | | |

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

| (A) 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 ▶

| Part VII Section A. Officers, Directors, Tru | ustees, Ke | y En | plo | ye | es, | and I | ligl | hest Compensat | ompensated Employees (continued) | | | | | |
|--|-----------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|-----------------------|-------------------|----------------------------------|------------------------------|--|--|--|--|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) | | | | |
| Name and title | Average | ,. | | Pos | ition | | | Reportable | Reportable | Estimated | | | | |
| | hours per | , | | | | e than o is both | | compensation | compensation from | amount of other | | | | |
| | week (list any hours for | office | | | | tor/trust | | from the | related organizations | compensation | | | | |
| | related | Individual trustee or director | Ins | Officer | Kej | Hig em | Forme | organization | (W-2/1099-MISC) | from the | | | | |
| | organizations | vidu | l ti | icer | Key employee | hes | mer | (W-2/1099-MISC) | | organization | | | | |
| | below dotted line) | of tall t | ona | | ploy | ee t cor | | | | and related organizations | | | | |
| | | uste | Institutional trustee | | ee | npe | | | | · · | | | | |
| | | ĕ | stee | | | Highest compensated employee | | | | | | | | |
| (27) | 1 00 | | | | | ed. | | | | | | | | |
| (37) JOHN HEINTZ | 1.00 | ., | | | | | | NONE | NONE | 310311 | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | | |
| (38) MATTHEW HELLMAN | 1.00 | .,, | | | | | | NONE | NONE | 310311 | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONI | | | | |
| (39) THOMAS HENTOFF | 1.00 | | | | | | | NONE | NONE | MONI | | | | |
| DIRECTOR (40) HOWARD HOGAN | 1.00 | X | | | | | | NONE | NONE | NONI | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONI | | | | |
| (41) STEVEN HOLLMAN | 1.00 | | | | | | | INOINE | NONE | NOIVI | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | | |
| (42) ROSCOE HOWARD | 1.00 | | | | | | | 110112 | 110112 | 110111 | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | | |
| (43) THEODORE HOWARD | 1.00 | | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE | | | | |
| (44) SUSAN HUHTA | 1.00 | | | | | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NON | | | | |
| (45) CHARLES JOHNSON | 1.00 | | | | | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NON | | | | |
| (46) JULIA JORDAN | 1.00 | | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONI | | | | |
| (47) CAITLIN KASMAR | 1.00 | | | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NON | | | | |
| 1b Sub-total | | | | | | | \blacktriangleright | | | | | | | |
| c Total from continuation sheets to Part VII, S | | | | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | | • | | | | | |
| 2 Total number of individuals (including but not | | hose | liste | d al | bove | e) who | o re | eceived more than | \$100,000 of | | | | | |
| reportable compensation from the organization | | | | | | | | | | Van Na | | | | |
| | | | | | | | | | | Yes No | | | | |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede | | | | | | | | | | 2 | | | | |
| | | | | | | | | | | 3 | | | | |
| 4 For any individual listed on line 1a, is the | | | | | | | | | | | | | | |
| organization and related organizations gre | | | | | | | | | | 4 | | | | |
| individual | | | | | | | | | | 7 | | | | |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo | | | | | | | | | | 5 | | | | |
| Section B. Independent Contractors | ,, | 501 | | | . 01 | 30.011 | ,001 | | | | | | | |
| Complete this table for your five highest com | pensated i | ndene | ende | ent (| con | tracto | rs t | hat received more | than \$100,000 c | of | | | | |

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** (2021)

JSA 1E1055 2.000

| Part VII Section A. Officers, Directors, Tr | ustees, Ke | y En | nplo | ye | es, | and I | Hig | hest Compensat | ed Employees (d | ontinue | ed) | |
|---|-----------------------|--------------------------------|-----------------------|---------|----------------|------------------------------|-------|---------------------------------|------------------------------|---------|------------------------|--------|
| (A) | (B) | | | - | C) | | | (D) | (E) | | (F) | |
| Name and title | Average hours per | (do i | not c | | sition more | e than c | one | Reportable compensation | Reportable compensation from | | stimated nount of | |
| | week (list any | box, | unle | ss pe | erson | is both | an | from | related | | other | |
| | hours for related | | | _ | т — | tor/trust □ ⊈ <u>∓</u> | | the | organizations | | pensation | on |
| | organizations | Individual trustee or director | Institutional trustee | Officer | Key employee | nplo | Forme | organization (W-2/1099-MISC) | (W-2/1099-MISC) | | anizatio | n |
| | below dotted line) | lual t | tiona | | nplo | st co yee | ٦ | | | | d related anization | |
| | 11110) | ruste | 1 2 3 | | yee | mpe | | | | orge | ar 112 at 101 | 10 |
| | | 96 | stee | | | Highest compensated employee | | | | | | |
| 40) 55055 50050 | 1 00 | | | | | <u> </u> | | | | | | |
| (48) GEORGE KOSTOLAMPROS | 1.00 | 37 | | | | | | NONE | NONE | | | NTONTE |
| DIRECTOR (49) ALEX LAKATOS | 1.00 | X | | | | | | NONE | NONE | | | NONE |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | | | NONE |
| (50) STAVROULA LAMBRAKOPOULOS | 1.00 | Λ | | | | | | INOINE | NONE | | - | INOINE |
| EXECUTIVE COMMITTEE MEMBER | NONE | X | | | | | | NONE | NONE | | , | NONE |
| (51) HARRY LEE | 1.00 | | | | | | | 1,01,12 | 110112 | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | |] | NONE |
| (52) JOSHUA LEVY | 1.00 | | | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | |] | NONE |
| (53) ELIZABETH MCCALLUM | 1.00 | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | |] | NONE |
| (54) PATRICK MCGLONE | 1.00 | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | |] | NONE |
| (55) OMAR MELEHY | 1.00 | | | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | |] | NONE |
| (56) WILLIAM NES | 1.00 | | | | | | | | | | _ | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | | | NONE |
| (57) JONATHAN PAIKIN | NONE NONE | - ,, | | | | | | NONE | NONE | | | NIONIE |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | | | NONE |
| (58) CONSTANTINOS PANAGOPOULOS | NONE NONE | - v | | | | | | NONE | NONE | | | NTONTE |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | | | NONE |
| 1b Sub-total c Total from continuation sheets to Part VII, | Section A | | | • • | | | | | | | | |
| d Total (add lines 1b and 1c) | · - | | | | | | | | | | | |
| 2 Total number of individuals (including but no | | | liste | d a | bov | e) who | o re | ceived more than | \$100.000 of | | | |
| reportable compensation from the organization | | | | | | -, | | | + | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former offi | cer, directo | or, or | tru | uste | e. | kev e | emp | olovee, or highes | t compensated | | | |
| employee on line 1a? If "Yes," complete Schee | | | | | | | | | | 3 | | |
| 4 For any individual listed on line 1a, is the | sum of rea | oortab | ole d | com | per | nsatio | n ai | nd other compens | sation from the | | | |
| organization and related organizations g | reater than | \$15 | 50,0 | 00? | P It | "Yes | 3," | complete Schedu | le J for such | | | |
| individual | | | | | | | | | | 4 | | |
| 5 Did any person listed on line 1a receive o | | | | | | | | | | | | |
| for services rendered to the organization? If " | Yes," comple | te Scl | hedu | ıle J | J for | such | per | son | | 5 | | |
| Section B. Independent Contractors | | | | | | | | | | | | |

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

| (A) 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** (2021)

JSA 1E1055 2.000

| Part VII Section A. Officers, Directors, Tr | ustees, Ke | y En | plo | ye | es, | and I | ligl | hest Compensat | ed Employees (| continued) |
|--|---|--------------------------------|-----------------------|---------------|--------------|---------------------------------|------------------|----------------------------------|--------------------------------------|--|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average hours per week (list any hours for | box, | unle | heck ss pe | erson | e than o is both or/trust | an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| 59) LEE PETRO | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONI |
| 60) BARRY POLLACK DIRECTOR | 1.00 NONE | X | | | | | | NONE | NONE | NONI |
| 61) JOHN RELMAN | 1.00 | Λ. | | | | | | NONE | NONE | NOM |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONI |
| 62) BRIAN SCHNEIDER | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NON |
| 63) JOSEPH SELLERS | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NON |
| 64) MATTHEW SLATER | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONI |
| 65) RICHARD SNOWDON III | 1.00 | 37 | | | | | | NONE | NONE | NIONI |
| DIRECTOR 66) WILLIAM TAYLOR III | 1.00 | X | | | | | | NONE | NONE | NONI |
| EXECUTIVE COMMITTEE MEMBER | NONE | X | | | | | | NONE | NONE | NONI |
| 67) CARRIE VALIANT | NONE | | | | | | | 110112 | 1,01,1 | 110111 |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NON |
| 68) LEWIS WIENER | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NON |
| 69) BENJAMIN WILSON | NONE | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NON |
| 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) | <u> </u> | | | | | | > > | | ©400,000 of | |
| 2 Total number of individuals (including but not reportable compensation from the organization) | | nose | iiste | eu ai | DOV | e) wn | о ге | ceived more than | \$100,000 01 | |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched | | | | | | | | | | Yes No |
| 4 For any individual listed on line 1a, is the organization and related organizations gr individual | eater than | \$15 | 0,0 | 00? |) If | "Yes | 5," | complete Schedu | le J for such | 4 |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y | accrue co | mpen | sati | on t | fron | n any | un | related organization | on or individual | 5 |
| Section B. Independent Contractors | | | | | | | | | | |
| 1 Complete this table for your five highest com | nnensated i | ndene | ende | ent (| con | tracto | rs t | hat received more | than \$100 000 d | of |

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 |
|-------------------------------|-----------------------------|---------------------|
| | | |
| | | |
| | | |

V21-7.6F 88042

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 ▶

| Part VII Section A. Officers, Directors, Tru | ustees, Ke | y En | plo | ye | es, | and F | lig | hest Compensat | ed Employees (d | continued) |
|--|---|--------------------------------|-----------------------|----------------------|--------------|----------------------------------|-----------|--------------------------------------|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for | box, | unles er and | Pos heck ss pe | erson | e than o is both tor/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) 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 |
| (70) CLAUDIA WITHERS | 1.00 | | | | | | | | | |
| CO-CHAIR | NONE | X | | Х | | | | NONE | NONE | NONE |
| (71) WILLIAM BARRY | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE |
| (72) KELSI CORKRAN | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE |
| (73) W. NEIL EGGLESTON | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE |
| (74) JONATHAN HARAY | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE |
| (75) MATTHEW HOWARD | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE |
| (76) BETH WILKINSON | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | X | | | | | | NONE | NONE | NONE |
| (77) ALEXIS COLLINS | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| (78) BRENDA LEE | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| (79) DAVID LEWISS | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| (80) GEORGE BREEN | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not | limited to t | | liste | d a | bov | e) who | > re | eceived more than | \$100,000 of | |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched. | cer, directo | | | | | | | | | Yes No |
| 4 For any individual listed on line 1a, is the organization and related organizations graindividual | eater than | \$15 | 0,0 | 00? |) It | "Yes | 3," | complete Schedu | le J for such | 4 |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y | | | | | | | | | | 5 |

Section B. Independent Contractors

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

| (A) 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 ▶

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| Part VII Section A. Officers, Directors, Tru | ustees, Ke | y En | plo | ye | es, | and I | lig | hest Compensat | ed Employe | es (c | ontinue | ed) | |
|---|---|------|-------|-------------|-------|--|---------------------|---|--|---------------|---------------------------|--|---------|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles | Pos heck | erson | e than of the state of the stat | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportab compensatior related organizatic (W-2/1099-N | n from ons | com fro orga and | (F) timated about of other pensation the anization direlated anization | on n |
| 81) JEANNIE RHEE DIRECTOR | 1.00 NONE | x | | | | | | NONE | | NONE | | , | NONE |
| 82) JOHN KEENEY, JR | NONE | | | | | | | NONE | | IVOIVE | | | INOINI |
| DIRECTOR (FROM 3/2021) | NONE | X | | | | | | NONE | : | NONE | |] | NONE |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio | limited to t | | | | | | ► ► • • re | eceived more than | \$100,000 of | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched | | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the organization and related organizations gr individual | eater than | \$15 | 0,0 | 00? | . It | "Yes | 5," | complete Schedu | le J for su | uch | 4 | X | |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y | accrue co | mpen | satio | on i | fron | n any | un | related organization | on or individ | ual | 5 | | Х |
| Complete this table for your five highest compensation from the organization. Report of year. | | | | | | | | | | | | | |
| (A) Name and business add | dress | | | | | | | (B) Description of se | 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 ▶

NONE

JSA 1E1055 2.000

Part VIII Statement of Revenue

| | | Check if Schedule O contains a respo | nse or note to an | y line in this Part V | <u>/III</u> | <u></u> | <u></u> |
|--|----------|--|-------------------|-----------------------|--|--------------------------------------|--|
| | | | | (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 1b | | | | | |
| ٥٤ | C | Fundraising events 1c | 1,012,330. | | | | |
| rts, | d | Related organizations 1d | | | | | |
| ≘ੁਲ | e | Government grants (contributions) 1e | 540,120. | | | | |
| Sir, | f | All other contributions, gifts, grants, | | | | | |
| 를 % | | and similar amounts not included above . 1f | 4,114,341. | | | | |
| 혈 | g | Noncash contributions included in | , , , , - | | | | |
| a i | 9 | lines 1a-1f 1g | S | | | | |
| ဗ္ဗ င | h | Total. Add lines 1a-1f | | 5,666,791. | | | |
| | | Totali / too iiii oo ia ii ji ji ji ji ji ji ji | Business Code | .,, | | | |
| ø | 20 | LEGAL FEES AND COURT AWARDS | 541110 | 1,279,777. | 1,279,777. | | |
| Program Service Revenue | 2a | FELLOWSHIP SUBSIDIES | 541110 | 117,708. | 117,708. | | |
| Se | b | CONTRACTED SERVICES REVENUE | 541110 | 88,360. | 88,360. | | |
| E S | C | | | 22,222 | 22,223 | | |
| 58 | d | | | | | | |
| 5 | e | All | | | | | |
| | f g | All other program service revenue Total. Add lines 2a-2f | | 1,485,845. | | | |
| | | Investment income (including dividends, | | 1710370131 | | | |
| | 3 | · · · · · · · · · · · · · · · · · · · | _ I | 4,373. | | | 4,373. |
| | | other similar amounts) | | NONE | | | 1,3,3. |
| | 4 5 | Royalties | | NONE | | | |
| | " | (i) Real | (ii) Personal | NONE | | | |
| | 6. | | (, | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b Rental income or (loss) 6c NON | IE NONE | | | | |
| | C | rtorital incomo el (lece) | | NONE | | | |
| | d | Net rental income or (loss) | (ii) Other | NOINE | | | |
| | 7a | Closs amount from | (II) Other | | | | |
| | | sales of assets | | | | | |
| 4 | | other than inventory 7a | | | | | |
| evenue | b | Less: cost or other basis | | | | | |
| Ş | | and sales expenses 7b | | | | | |
| α | ١. | Gain or (loss) | | 170177 | | | |
| jer | d | Net gain or (loss) | | NONE | | | |
| Other I | 8a | Gross income from fundraising | | | | | |
| _ | | events (not including \$1,012,330. | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 8a | NONE | | | | |
| | b | Less: direct expenses8b | 58,251. | FC 051 | | | |
| | С | Net income or (loss) from fundraising events | · ▶ | -58,251. | | | |
| | 9a | Gross income from gaming | | | | | |
| | | activities. See Part IV, line 19 9a | NONE | | | | |
| | b | Less: direct expenses 9b | NONE | | | | |
| | С | Net income or (loss) from gaming activities | | NONE | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances | | | | | |
| | b | Less: cost of goods sold | | | | | |
| | С | Net income or (loss) from sales of inventory | | NONE | | | |
| ns | | | Business Code | | | | |
| ne ne | 11a | | | | | | |
| lar en | b | | | | | | |
| e Se | С | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | |
| _ | е | Total. Add lines 11a-11d | <u> ▶</u> | NONE | | | |
| | 12 | Total revenue. See instructions | | 7,098,758. | 1,485,845. | | 4,373. |

Form **990** (2021)

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JSA 1E1051 1.000 8637LA C021 V21-7.6F 88042

52-1784938

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 respo | nse or note to any line | n this Part IX | | |
|----|---|-------------------------|------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 4,000. | 4,000. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | NONE | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | NONE | | | |
| 4 | Benefits paid to or for members | NONE | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 344,479. | 217,592. | 80,667. | 46,220 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | NONE | | | |
| | Other salaries and wages | 2,125,814. | 1,649,568. | 253,079. | 223,167 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 82,075. | 56,877. | 11,894. | 13,304 |
| 9 | Other employee benefits | 244,278. | 180,484. | 47,581. | 16,213 |
| 10 | Payroll taxes | 178,985. | 139,157. | 21,462. | 18,366 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | NONE | | | |
| b | Legal | NONE | | | |
| С | Accounting | 87,347. | | 87,347. | |
| d | Lobbying | NONE | | | |
| | Professional fundraising services. See Part IV, line 17. | NONE | | | |
| f | Investment management fees | NONE | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A), amount, list line 11g expenses on Schedule O.) | 85,625. | 23,575. | 62,050. | |
| 12 | Advertising and promotion | NONE | | | |
| | Office expenses | 5,219. | 4,396. | 417. | 406 |
| | Information technology | NONE | | | |
| | Royalties | NONE | 460 600 | F2 001 | F2 410 |
| | Occupancy | 595,378. | 468,687. | 73,281. | 53,410 |
| | Travel | 1,405. | 87. | 1,318. | |
| 18 | Payments of travel or entertainment expenses | NONE | | | |
| | for any federal, state, or local public officials | NONE | 2 100 | Γ0 | 200 |
| | Conferences, conventions, and meetings | 2,458. | 2,109. | 50. | 299 |
| | Interest | NONE NONE | | | |
| | Payments to affiliates | 166,227. | 134,145. | 16,789. | 15,293 |
| | Depreciation, depletion, and amortization | 41,968. | 33,868. | 4,239. | 3,861 |
| | Insurance Other expenses. Itemize expenses not covered | 41,700. | 33,000. | 4,237. | 3,001 |
| 24 | 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.) | | | | |
| 2 | EQUIPMENT RENTAL & MAINTENAN | 66,859. | 43,613. | 18,305. | 4,941 |
| | PUBLICATION | 26,943. | 16,821. | 20,303. | 10,122 |
| | COMMUNICATIONS | 43,289. | 29,273. | 3,609. | 10,407 |
| | PRINTING & DUPLICATION | 20,850. | 16,826. | 2,106. | 1,918 |
| | All other expenses | 55,893. | 6,469. | 8,470. | 40,954 |
| | Total functional expenses. Add lines 1 through 24e | 4,179,092. | 3,027,547. | 692,664. | 458,881 |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | -,,,,,,, | 2,227,327 | 112,001 | 100,001 |

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Part X Balance Sheet

| | Check if Schedule O contains a response or note to any line in this Pa | art X | | X |
|---|---|--------------------------|-----|---------------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 326,625. | 1 | 833,191. |
| 2 | Savings and temporary cash investments | 1,992,572. | 2 | 3,271,854. |
| 3 | Pledges and grants receivable, net | 365,459. | 3 | 1,517,746. |
| 4 | Accounts receivable, net | 117,064. | 4 | 53,574. |
| 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 | NONE | 5 | NONE |
| 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) | NONE | 6 | NONE |
| ۶ <u>۲</u> | Notes and loans receivable, net | NONE | 7 | NONE |
| Assets 8 8 8 | Inventories for sale or use | NONE | 8 | NONE |
| و ا∛ | Prepaid expenses and deferred charges | 158,865. | 9 | 176,160. |
| 10 a | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a 1,429,231. | | | |
| b | Less: accumulated depreciation | 1,141,160. | 10c | 974,933. |
| 11 | Investments - publicly traded securities | NONE | | NONE |
| 12 | Investments - other securities. See Part IV, line 11 | NONE | | NONE |
| 13 | Investments - program-related. See Part IV, line 11. | NONE | | NONE |
| 14 | Intangible assets | NONE | | NONE |
| 15 | Other assets. See Part IV, line 11 | 110,642. | | 110,642. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 4,212,387. | 16 | 6,938,100. |
| 17 | Accounts payable and accrued expenses | 308,549. | 17 | 268,887. |
| 18 | Grants payable | NONE | | NONE |
| 19 | Deferred revenue | 9,375. | | 49,375. |
| 20 | Tax-exempt bond liabilities | NONE | | NONE |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 70,000. | _ | NONE |
| | Loans and other payables to any current or former officer, director, | 70,000. | 21 | INOINI |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | controlled entity or family member of any of these persons | NONE | 22 | NONE |
| 를 ₂₃ | | NONE | | |
| | Secured mortgages and notes payable to unrelated third parties | | | NONE |
| 24 | Unsecured notes and loans payable to unrelated third parties | NONE | 24 | NONE |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | 1 (77 006 | ٥. | 1 550 735 |
| 00 | of Schedule D | 1,677,026. | | 1,552,735. |
| 26 | Total liabilities. Add lines 17 through 25 | 2,064,950. | 26 | 1,870,997. |
| ces | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 1,809,402. | 27 | 4,099,085. |
| 28 | Net assets with donor restrictions. | 338,035. | 28 | 968,018. |
| Assets or Fund Balances 2 2 8 2 2 9 0 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. | | | |
| ö 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 전 32 | Total net assets or fund balances | 2,147,437. | 32 | 5,067,103. |
| 호 32 33 | Total liabilities and net assets/fund balances | 4,212,387. | 33 | 6,938,100. |
| | Total habilities and not assets/fully balances, , , , , , , , , , , , , , , , , , , | 7,414,307. | JJ | Form 990 (2021) |

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| Part | XI Reconciliation of Net Assets | | | | | \equiv |
|------|--|----------|------|-------------|-----|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 7,0 | 98, | <u>758</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 4,1 | 79, | 092 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 2,9 | 19, | <u>666</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 2,1 | 47, | <u>437</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | 5, 0 | 67, | <u> 103</u> |
| 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," ex | plain | on | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | 2a | | _X_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | 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 | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted or | 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 | ersight | t of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | nt? | | 2c | X | |
| | 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 t | 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 | ergo | the | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | udits . | | 3b | | |

8637LA C021 V21-7.6F 88042 21

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

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

| RIC | SHT | S AND URBAN AFFAIRS | , INC. | | | | 52-1 | 784938 |
|------|----------|--|--|---|------------------------|---------------------|--|---|
| Pai | | Reason for Public Cha | | organizations must o | complet | e this p | art.) See instructions | S. |
| The | orga | anization is not a private fou | ndation because it | is: (For lines 1 through | gh 12, ch | eck only | one box.) | |
| 1 | | A church, convention of chu | urches, or associa | tion of churches desci | ribed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | | A school described in section | | | | | | |
| 3 | | A hospital or a cooperative | | · · | | | (1)(A)(iii). | |
| 4 | | A medical research organiz | | | | | | (iii). Enter the |
| • | | hospital's name, city, and st | - | oonjanonon wan a noc | spiral ao | 301100011 | 1 0 0 0 1 1 1 1 0 (1) (1) (1) | (iii)i Liitoi tiio |
| 5 | | An organization operated f | | a college or universit | v owner | d or one | erated by a governme | ntal unit described in |
| • | | section 170(b)(1)(A)(iv). (C | | a conege of universit | y Owner | a or ope | rated by a governme | intal anti accendea ii |
| 6 | | A federal, state, or local go | | rnmantal unit dacariba | d in coot | ion 170/ | 'h\/1\/ A \/ _W \ | |
| 6 | - 37 | | • | | | | , , , , , , , | om the general nublic |
| 7 | X | An organization that norma | - | • | рроп п | oni a go | verninental unit of ite | on the general public |
| • | | described in section 170(b) | | • | D 11 \ | | | |
| 8 | \vdash | A community trust describe | | | | | | land mark sallens |
| 9 | | An agricultural research org | = | | | - | | |
| | | or university or a non-land- | grant college of ag | griculture (see instruct | ions). Ei | nter the | name, city, and state of | the college or |
| | | university: | | | | _ | | |
| 10 | | An organization that norma receipts from activities rela support from gross investmacquired by the organizatio | ted to its exempt f rent income and u | unctions, subject to c nrelated business tax | ertain ex able incc | ceptions me (les | s; and (2) no more thar s section 511 tax) from | n 331/3 % of its |
| 11 | | An organization organized a | and operated exclu | usively to test for publi | c safety. | See sec | tion 509(a)(4). | |
| 12 | | An organization organized a | and operated exclu | sively for the benefit o | f, to per | form the | functions of, or to car | ry out the purposes of |
| | | one or more publicly suppor | rted organizations | described in section 5 | 09(a)(1) | or sect i | ion 509(a)(2). See sec | tion 509(a)(3). Check |
| | | the box on lines 12a throug | h 12d that describ | es the type of suppor | ting orga | anization | and complete lines 1 | 2e, 12f, and 12g. |
| а | | Type I. A supporting orga | anization operated | , supervised, or contro | olled by | its supp | orted organization(s), | typically by giving |
| | | the supported organization | • | • | - | | . , , | |
| | | supporting organization. | | | | , , | | |
| b | | Type II. A supporting org | • | | | with its | supported organization | on(s), by having |
| | | control or management of | • | | | | - · · · | |
| | | organization(s). You must | | = | | о ролоо. | io mar common or man | ago ano capponica |
| С | Г | Type III functionally integ | • | | ited in co | onnectio | n with and functional | ly integrated with |
| Ŭ | | its supported organization | | | | | | iy intogratod with, |
| d | Г | Type III non-functionally | | · · | | | | ted organization(s) |
| u | _ | that is not functionally into | | | - | | | |
| | | requirement (see instruction | - | | - | | • | an allentiveness |
| _ | Г | | • | = - | | | | I. Typo III |
| е | | _ Check this box if the orga | | | | | ••• | і, туре ііі |
| f | En | functionally integrated, or ter the number of supported | | | porting c | organizai | uon. | |
| ' | | ovide the following information | = | orted organization(c) | | | | • |
| g | | ame of supported organization | (ii) EIN | (iii) Type of organization | (iv) to the | organization | (v) Amount of monotony | (vi) Amount of |
| | (1) 14 | arrie or supported organization | (II) LIN | (described on lines 1-10 | | ur governing | (v) Amount of monetary support (see | other support (see |
| | | | | above (see instructions)) | | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| | | | | | | | | |
| (B) | | | | | | | | |
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| (C) | | | | | | | | |
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| (D) | | | | | | | | |
| | | | | | | | | |
| (E) | | | | | | | | |
| | | | | | | | | |
| Tota | al | | | | | | | |
| | | | | | | | ı | l . |

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) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,134,656. | 2,905,509. | 1,480,741. | 2,553,586. | 4,654,461. | 13,728,953. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 4 | Total. Add lines 1 through 3 | 2,134,656. | 2,905,509. | 1,480,741. | 2,553,586. | 4,654,461. | 13,728,953. |
| 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) | | | | | | 2,728,060. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 11,000,893. |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,134,656. 1,525. | 2,905,509. | 1,480,741. | 2,553,586. 27,231. | 4,654,461. | 13,728,953. 79,934. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | NONE |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | NONE |
| 11 | Total support. Add lines 7 through 10 | | | | | | 13,808,887. |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here | | | | | | |
| | tion C. Computation of Public Sup | | | | | | |
| 14 | Public support percentage for 2021 (li | | • | | | 14 | 79.67 % |
| 15 | Public support percentage from 2020 | | | | | 15 | 80.67 % |
| тоа | 331/3% support test - 2021. If the organization of | - | | | | | |
| h | box and stop here. The organization quality 331/3% support test - 2020. If the organization quality support test - 2020 is t | | | | | | |
| b | | | | | | | |
| 17a | this box and stop here . The organization qualifies as a publicly supported organization | | | | | | |
| 174 | 10% or more, and if the organization | - | | | | | |
| | Part VI how the organization meets | | | | | - | • |
| | organization | | | _ | • | | |
| h | 10%-facts-and-circumstances test - 2 | | | | | | |
| ~ | 15 is 10% or more, and if the organization | - | = | | | | |
| | in Part VI how the organization meets | | | | | | • |
| | organization | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| - | instructions | | | | | | |

Schedule A (Form 990) 2021

23

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | • | | | | , | |
|--------------|--|-----------------|------------------|----------------|------------------|----------|--|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | ., | . , | . , | | ., |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year_ | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | tion B. Total Support | () 00 (7 | 4,0040 | () 0040 | () 0000 | | (n =) |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 10 a | Amounts from line 6 | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| 42 | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 1.4 | First 5 years. If the Form 990 is for | the organizat | ion's first sees | d third fourth | or fifth toy ::: | | 501(0)(2) |
| 14 | _ | ŭ | • | | • | | ` ` ` ` _ |
| Sac | organization, check this box and stop here . tion C. Computation of Public Supp | | | | | | |
| 15 | Public support percentage for 2021 (line 8, | | | mn (f)) | | 15 | % |
| 16 | Public support percentage from 2020 Scheo | | | | | 16 | // |
| | tion D. Computation of Investment | | | | | 10 | 70 |
| <u> 17</u> | Investment income percentage for 2021 (lin | | | 13 column (f)) | | 17 | % |
| 18 | Investment income percentage for 2021 (in | | | | | 18 | // ////////////////////////////////// |
| | 331/3% support tests - 2021. If the org | | | | | | |
| . <i>J</i> a | 17 is not more than 331/3%, check this | | | | | | . \square |
| h | 331/3% support tests - 2020. If the orga | | | | | | |
| J | line 18 is not more than 331/3%, check | | | | | | . \square |
| 20 | Private foundation. If the organization d | | • | • | | 0 | |

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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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

| | | Yes | No |
|------------------|-----|-----|----|
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| Part | V Supporting Organizations (continued) | | | |
|-------------|--|----------|-----------|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | TIC | | |
| | on D. Type i capper and or game and the | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | \ <u></u> | |
| | | | Yes | NO |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | - | | |
| 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 | | Yes | No |
| | the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| | 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. | structio | ons). | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | e instr | uctions | s). |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| z a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| u | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard | 2 h | | |

Schedule A (Form 990) 2021

| Pa | art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nizations | S | |
|----|--|----------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | ng trust on | Nov. 20, 1970 (expla | in in Part VI). See |
| | instructions. All other Type III non-functionally integrated supporting organ | izations n | 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 | Other expenses (see instructions) | 7 | | |
| | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| | ection B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Multiply line 5 by 0.035. | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| 8 | | 8 | | |
| | 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 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| - | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly integra | ted Type III supporting | g organization |
| | (see instructions). | | | - - |

Schedule A (Form 990) 2021

8637LA C021 V21-7.6F 88042 **27**

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
|--|--|-------------------------|------|---|--------------|
| Sect | ion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | xempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exe | mpt purposes of support | ed | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | | | | |
| 4 | 4 Amounts paid to acquire exempt-use assets | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | |
| 7 | 7 Total annual distributions. Add lines 1 through 6. | | | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | | | |
| 9 | 9 Distributable amount for 2021 from Section C, line 6 | | | | |
| 10 | 10 Line 8 amount divided by line 9 amount 10 | | | | |
| | | | (ii) | | (iii) |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|---|--|-----------------------------|--|---|
| 1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 | | | |
| b | From 2017 | | | |
| C | From 2018 | | | |
| d | From 2019 | | | |
| е | From 2020 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2021 distributable amount | | | |
| i | Carryover from 2016 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from | | | |
| | Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2017 | | | |
| b | Excess from 2018 | | | |
| С | Excess from 2019 | | | |
| d | Excess from 2020 | | | |
| е | Excess from 2021 | | | |

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

► Attach to Form 990 or Form 990-PF. Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

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

| Organization type (check one): | | | | | | |
|---|--|--|--|--|--|--|
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | | | | | | |
| Check if your organizatio | n is covered by the General Rule or a Special Rule. | | | | | |
| Note: Only a section 501 instructions. | (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See | | | | | |
| General Rule | | | | | | |
| or more (in mo | ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 ney or property) from any one contributor. Complete Parts I and II. See instructions for determining a tal contributions. | | | | | |
| Special Rules | | | | | | |
| regulations und 16b, and that r | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | |
| contributor, du literary, or edu | 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. | | | | | |
| contributor, du contributions to during the year General Rule a | ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such staled more than \$1,000. If this box is checked, enter here the total contributions that were received for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the pplies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions or more during the year | | | | | |

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

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

Schedule B (Form 990) (2021)

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

Employer identification number 52-1784938

| art 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 | THE D.C. BAR FOUNDATION | | Person X |
| | 80 M STREET, SE | \$1,162,000. | Payroll Noncash |
| | WASHINGTON, DC 20003 | _ | (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% | _ | Person X |
| | 700 14TH STREET NW #400 | \$2,076,866. | Payroll Noncash |
| | WASHINGTON, DC 20005 | _ | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | ARNOLD AND PORTER LLP | | Person X |
| | 601 MASSACHUSETTS AVE, NW | \$1,382,805. | Payroll Noncash |
| | WASHINGTON, DC 20001 | _ | (Complete Part II for noncash contributions.) |
| | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| No. | Name, address, and ZIP + 4 SMALL BUSINESS ADMINISTRATION | Total contributions | Type of contribution Person X Payroll |
| No. | Name, address, and ZIP + 4 SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW | Total contributions | Person X Payroll Noncash (Complete Part II for |
| No. 4 (a) | Name, address, and ZIP + 4 SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON, DC 20416 (b) | Total contributions — \$ 540,120. — (c) | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person |
| (a) No. | Name, address, and ZIP + 4 SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON, DC 20416 (b) Name, address, and ZIP + 4 | Total contributions — \$ 540,120. — (c) | Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash |
| (a) No. | Name, address, and ZIP + 4 SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON, DC 20416 (b) Name, address, and ZIP + 4 O'MELVENY & MYERS LLP | Total contributions 540,120. (c) Total contributions | Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll |
| (a) No. | Name, address, and ZIP + 4 SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON, DC 20416 (b) Name, address, and ZIP + 4 O'MELVENY & MYERS LLP 1625 I STREET, NW | Total contributions 540,120. (c) Total contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for |
| (a) No. 5 | Name, address, and ZIP + 4 SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON, DC 20416 (b) Name, address, and ZIP + 4 O'MELVENY & MYERS LLP 1625 I STREET, NW WASHINGTON, DC 20006 (b) | Total contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.) |
| (a) No. 5 | Name, address, and ZIP + 4 SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON, DC 20416 (b) Name, address, and ZIP + 4 O'MELVENY & MYERS LLP 1625 I STREET, NW WASHINGTON, DC 20006 (b) | Total contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) |

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

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.

Open to Public Inspection

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

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

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

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

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

| Tax) (See separate instructions), then | | | | | | |
|--|---|--------------------------------|--|--|--|--|
| Section 501(c)(4), (5), or (6) organizations: Complete Part III. | | | | | | |
| Name of organization | WASHINGTON LAWYERS' COMMITTEE FOR CIVIL | Employer identification number | | | | |
| RIGHTS AND URBAN | AFFAIRS, INC. | 52-1784938 | | | | |
| Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. | | | | | | |

Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for

| | definition of "political campaign activities." | |
|-----|---|-------------|
| 2 | Political campaign activity expenditures. See instructions | |
| 3 | Volunteer hours for political campaign activities. See instructions | |
| Par | rt I-B Complete if the organization is exempt under section 501(c)(3). | |
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 ▶\$ | |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 > \$ | |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | No |
| 4a | Was a correction made? Yes | ☐ No |
| | If "Yes," describe in Part IV. | |
| Par | rt I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). | |
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function | |
| | activities | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section | |
| | 527 exempt function activities | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, | |
| | line 17b | |
| 4 | Did the filing organization file Form 1120-POL for this year? | No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which | |
| | organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. | |
| | the amount of political contributions received that were promptly and directly delivered to a separate political organization | ition. sucl |

as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid 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) 2021

| Sch | redule C (Form 990) 2021 | VASHINGTON LAW | YERS' COMMITTE | EE FOR CIVIL | 52 | –1784938 Page 2 |
|--------|---|--|---|--|----------------------------------|------------------------------------|
| | cart II-A Complete if the org section 501(h)). | | | | | |
| | address, EIN, exp | | affiliated group (and excess lobbying expe | | h affiliated group mem | ber's name, |
| В | Check ► if the filing organiz | ation checked box / | A and "limited contro | I" provisions apply | | |
| | Limits ((The term "expenditu | on Lobbying Expendures" means amou | |) | (a) Filing organization's totals | (b) Affiliated group totals |
| k c | Total lobbying expenditures to in Total lobbying expenditures to in Total lobbying expenditures (add Other exempt purpose expenditures (add Total exempt purpose expenditures) Total exempt purpose expenditures (add Exempt purpose expenditures) Total exempt purpose expenditures (add Exempt purpose expenditures) Total exempt purpose expenditures (add Exempt purpose expenditures) If the amount on line 1e, column (a) Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,500 Over \$1,000,000 but not over \$17,000 Over \$17,000,000 | nfluence public opin nfluence a legislative d lines 1a and 1b) . ures ures (add lines 1c ar Enter the amount or (b) is: The lobbyir 20% of the ,000 \$100,000 p | ion (grassroots lobby e body (direct lobbying and 1d) | ying) | | |
| ŀ | g Grassroots nontaxable amount Subtract line 1g from line 1a. If subtract line 1f from line 1c. If z If there is an amount other the reporting section 4911 tax for the (Some organizations that | zero or less, enter -0- tero or less, enter -0- an zero on either less year? | ine 1h or line 1i, d | Section 501(h) t have to completenes 2a through 26 | e all of the five colum | |
| | Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| | | | | | 1 | 1 |

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | | | | | |
|----|---|-----------------|-----------------|----------|-----------------|-----------|--|--|--|--|--|--|--|
| | Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total | | | | | | | |
| 2a | Lobbying nontaxable amount | | | | | | | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | | | | | | | |
| С | Total lobbying expenditures | | | | | | | | | | | | |
| d | Grassroots nontaxable amount | | | | | | | | | | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | | | | | | | |

Schedule C (Form 990) 2021

JSA

1E1265 2.000

8637LA C021 V21-7.6F 88042 32

| | ule C (Form 990) 2021 WASHINGTON LAWYERS' COMMITTEE FOR CIVIL **Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)). | T file | | 52-17 m 576 8 | | Page 3 |
|------------------------------|---|--------------------------|---------------------------|-------------------------|--------------------|----------|
| _ | *** | (a | a) | | (b) | |
| | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity. | Yes | No | | Amount | |
| 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? | | X | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. | X | 37 | | | |
| С | Media advertisements? | | X | | | |
| d | Mailings to members, legislators, or the public? | | X | | | |
| e | Publications, or published or broadcast statements? | | X | | | |
| f | Grants to other organizations for lobbying purposes? | Х | Λ | | 11 | ,020 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | Х | | | ,020 |
| h i | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? | | X | | | |
| j | Other activities? | | | | 11 | ,020 |
| J 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 | | | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| | Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). | (c)(5) | , or s | ection | | |
| 1 2 3 Par 1 2 | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree is carry over lobbying and political campaign activity expenditures from 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts) | m the (c)(5) OR (k | prior , or s o) Pai | year? section | 1 2 3 3 line 3, is | 1 |
| | political expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | | | 2a | | |
| b | Carryover from last year | | | 2b | | |
| С | Total | | | 2c | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du | | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion | | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible I | • | _ | 4 | | |
| 5 | and political expenditure next year? | | | 5 | | |
| Par | | | | | | |
| | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate e instructions); and Part II-B, line 1. Also, complete this part for any additional information. | d gro | up list |); Part I | l-A, lines | 1 and |
| | | | | | | |

Schedule C (Form 990) 2021

33

SCHEDULE D (Form 990)

Department of the Treasury

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.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number WASHINGTON LAWYERS' COMMITTEE FOR CIVIL RIGHTS AND URBAN AFFAIRS, INC. 52-1784938 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2021

| Scher | dule D (Form 990) 2021 WASHI | INCTON 1 | LAWYERS' COMI | #TTTFF F∩E | OT371 | -т | | 5 2_1 | .784938 | Page 2 |
|--------|--|---------------|----------------------------------|---------------------------|-------------|----------------------|--------------|----------------|---------------|---------------|
| | rt Organizations Maintaining | | | | | | imilar A | | | |
| 3 | Using the organization's acquisition, | - | | | | | | | | |
| | collection items (check all that apply): | | , | | , | | 3 | | | |
| а | Public exhibition | | d [| Loan or ex | change | program | | | | |
| b | Scholarly research | | e | Other | | p g | | | | |
| C | Preservation for future generat | ions | | | | | | | | |
| 4 | Provide a description of the organiz | | llections and expl | ain how they | further | the orga | nization's | s exemp | t purpose | in Part |
| - | XIII. | | | | | 0.94 | | <i>у</i> сжетр | . рапросс | |
| 5 | During the year, did the organization | solicit or re | eceive donations of | of art historica | al treasu | ires or otl | her simila | ar | | |
| Ū | assets to be sold to raise funds rather | | | | | | | _ | Yes | No |
| Pa | rt IV Escrow and Custodial Arra | | | art or the orga | mzation | 10 00110011 | 011. | | 103 | |
| ıa | Complete if the organization | | | m 990 Part | IV line | 9 or ren | orted a | n amoui | nt on Forr | n |
| | 990, Part X, line 21. | on anowo | 100 100 0111 01 | 111 000, 1 art | , | 0, 01 100 | ortou ai | i airioai | 10111 011 | |
| 1a | Is the organization an agent, trustee | e custodi: | an or other intern | nediary for co | ntributi | ions or o | ther asse | ets not | | |
| . u | included on Form 990, Part X? | | | - | | | | _ | Yes | X No |
| h | If "Yes," explain the arrangement in F | Part XIII ar | nd complete the fo | llowing table: | | | | L | | _A 110 |
| | ii 100, explain the arrangement ii 1 | art Am ar | id complete the le | nowing table. | | | | Amount | | |
| С | Beginning balance | | | | 10 | | | 711104111 | | |
| d | Additions during the year | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| 2a | Did the organization include an amou | | | | | ıstodial ad | count lia | hility? | X Yes | No |
| | If "Yes," explain the arrangement in F | | | | | | | | | ⊣ |
| | rt V Endowment Funds. | arr Am. C | MOOK HOTO II THO O | Apidilation rido | БССПР | TOVIGOG OF | TT GIT ZIII | | | |
| ı a | Complete if the organization | on answe | red "Yes" on For | m 990. Part | IV. line | 10. | | | | |
| | | (a) Current | | | Two year | | (d) Three ye | ears back | (e) Four ye | ars back |
| 1. | Paginning of year balance | . , | , , , | , | | | ., , | | , , | |
| _ | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | |
| | and losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| | Administrative expenses | | | | | | | | | |
| | End of year balance | 4ha a | at veer and belone | - /line 1 = | | hald as | | | | |
| 2 a | Provide the estimated percentage of Board designated or quasi-endowmer | | % | e (iirie 1g, coid | ıllılı (a)) | neiu as. | | | | |
| b | Permanent endowment ► | % % | | | | | | | | |
| c | Term endowment ▶ % | | | | | | | | | |
| · | The percentages on lines 2a, 2b, and | | d equal 100% | | | | | | | |
| 3a | Are there endowment funds not in the | | • | ation that are | held an | d adminis | tered for | the | | |
| ou | organization by: | о россосо | ion of the organiza | ation that are | noid an | a aarriii iio | 10100 101 | 1110 | Ye | s No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | + |
| | (ii) Related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related | | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended use | • | • | | O 1 (: | | | | | |
| | rt VI Land, Buildings, and Equip | | rgariization s chuc | willelit lulius. | | | | | | |
| | Complete if the organization | on answe | ered "Yes" on Fo | 1 | | | | 990, Pa | art X, line | 10 |
| | Description of property | (a | Cost or other basis (investment) | (b) Cost or other (other) | er basis | (c) Accur depreci | | (0 | l) Book value | |
| | 1 1 | | (| (011101) | _ | 20p100 | | | | |

974,933. Schedule D (Form 990) 2021

885,531.

71,687.

17,714.

JSA 1E1269 1.000

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

1,220,305.

177,926.

31,000.

334,774

106,240

13,286

| Part VII | Investments - Other Securities. Complete if the organization answered | d "Yes" on Form 990 |). Part IV. line 11b. See Form 990. | Part X. line 12. |
|----------------|---|---------------------|---|------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation | on: |
| (1) Financia | al derivatives | | , | |
| | held equity interests | | | |
| | Tield equity interests 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part IV, line 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year marke | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| <u>(7)</u> | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11d. See Form 990, | Part X, line 15. |
| | (a) De | scription | | (b) Book value |
| <u>(1)</u> | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | umn (h) must squal Form 000. Port V. sol. (P) | lino 15 \ | | |
| Part X | umn (b) must equal Form 990, Part X, col. (B) of ther Liabilities. | ine 15.) | | |
| Part A | Complete if the organization answered line 25. | d "Yes" on Form 990 |), Part IV, line 11e or 11f. See Forn | n 990, Part X, |
| 1. | | otion of liability | | (b) Book value |
| | al income taxes | on or nability | | (b) Book value |
| (2)DEFERE | | | | 1,552,735. |
| (3) | COD TOTAL | | | 1/332//33: |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | | 1,552,735. |
| | or uncertain tax positions. In Part XIII. provide the | | | |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2021

8637LA C021 V21-7.6F 88042 36

| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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 | 31,999,998. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 24,842,989. |
| 3 | Subtract line 2e from line 1 | 3 | 7,157,009. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | -58,251. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 7,098,758. |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 29,080,332. |
| 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 | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | 20 | 24 001 240 |
| e | Add lines 2a through 2d | 2e 3 | 24,901,240. 4,179,092. |
| 3 | Subtract line 2e from line 1 | | 4,177,072. |
| 4 a | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| a b | Other (Describe in Part XIII.) | - | |
| | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 4,179,092. |
| | 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | | |
| SEE | SUPPLEMENTAL PAGE | | |
| | | | |
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Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART IV, LINE 2A

EXPLANATION OF ESCROW LIABILITY ACCOUNT: THE ORGANIZATION IS RESPONSIBLE FOR RECEIVING AND DISTRIBUTING CLIENT FUNDS TO THE FINAL RECIPIENTS PURSUANT TO THE SETTLEMENT AGREEMENT OR COURT ORDER.

PART XI, LINE 4B AND PART XII, LINE 2D

DIRECT EVENT EXPENSES WHICH WERE NETTED AGAINST REVENUE ON FORM 990.

8637LA C021 V21-7.6F 88042 **38**

SCHEDULE G (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

Employer identification number

| RIGH Part | | lete if the organi | | | Yes" on Form 99 | 52-178493 90, Part IV, line 1 | |
|--------------|--|----------------------|---------------|------------------------------|---------------------|---------------------------------------|--------------------------------------|
| | Form 990-EZ filers are not re | | | | | | |
| 1 | Indicate whether the organization rais | sed funds through a | any of the | following | activities. Check a | all that apply. | |
| а | Mail solicitations | е | Solid | itation of | non-government g | rants | |
| b | Internet and email solicitations | f | Solic | itation of | government grants | S | |
| С | Phone solicitations | g | Spec | cial fundra | ising events | | |
| d | In-person solicitations | • | | | J | | |
| 2 a | Did the organization have a written o | r oral agreement w | ith any ind | dividual (in | cluding officers d | lirectors trustees | |
| | or key employees listed in Form 990 | | | | | | Yes No |
| | If "Yes," list the 10 highest paid indi- | | | | | | fundraiser is to be |
| | compensated at least \$5,000 by the | | ` | , . | J | | |
| | | | | | | | |
| | | | (III) Did tue | duais au le aus | | (v) Amount paid to | (vi) Amount noid to |
| | (i) Name and address of individual | (ii) Activity | | draiser have r control of | (iv) Gross receipts | (or retained by) | (vi) Amount paid to (or retained by) |
| | or entity (fundraiser) | (., | | utions? | from activity | fundraiser listed in col. (i) | organization |
| | | | Yes | No | | , , , , , , , , , , , , , , , , , , , | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
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| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| | | | | | | | |
| 10 | | | | | | | |
| | | | | | | | |
| Total | | | | ▶ | | | |
| 3 | List all states in which the organiza | tion is registered o | r licensed | l to solicit | contributions or | has been notified | it is exempt from |
| | registration or licensing. | | | | | | |
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| | | | | | | | |

| | rt l | Fundraising Events. Complete than \$15,000 of fundraising events gross receipts greater than \$5,000 | ent contributions and o | | | |
|-----------------|---|--|---|--|--|---|
| 4 | | | (a) Event #1 BRANTON LUNCH (event type) | (b) Event #2 TRUSTEES B-FAS (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 1,008,630. | 3,700. | | 1,012,330 |
| ď | 2 | Less: Contributions Gross income (line 1 minus line 2) | 1,008,630. | 3,700. | | 1,012,330 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| sesue | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direct | 8 | Entertainment | | | | |
| | | Other direct expenses | 58,251. | | | F0 0F1 |
| | 9 | | 30,231. | | | 58,251 |
| | 10 | Direct expense summary. Add line Net income summary. Subtract lin Gaming. Complete if the organisms. | es 4 through 9 in colu ne 10 from line 3, colu anization answered " | ımn (d) | > | 58,251 58,251. -58,251 reported more than |
| Pa | 10 11 | Direct expense summary. Add line Net income summary. Subtract line | es 4 through 9 in colu ne 10 from line 3, colu anization answered " | ımn (d) | > | 58,25158,251 reported more than |
| | 10 11 rt | Direct expense summary. Add line Net income summary. Subtract lin Gaming. Complete if the organisms. | es 4 through 9 in colune 10 from line 3, colune 10 from line 3, colune 10 mization answered "e 6a. | Imn (d) | Part IV, line 19, or | 58,25158,251 reported more than |
| Revenue | 10 11 rt | Direct expense summary. Add line Net income summary. Subtract lin Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin | es 4 through 9 in colune 10 from line 3, colune 10 from line 3, colune 10 mization answered "e 6a. | Imn (d) | Part IV, line 19, or | 58,25158,251 reported more than |
| Revenue A | 10 11 rt | Direct expense summary. Add line Net income summary. Subtract line Gaming. Complete if the org. \$15,000 on Form 990-EZ, line Gross revenue. | es 4 through 9 in colune 10 from line 3, colune 10 from line 3, colune 10 mization answered "e 6a. | Imn (d) | Part IV, line 19, or | 58,25158,251 reported more than |
| Revenue A | 10 11 rt 1 2 | Direct expense summary. Add line Net income summary. Subtract lin Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin Gross revenue | es 4 through 9 in colune 10 from line 3, colune 10 from line 3, colune 10 mization answered "e 6a. | Imn (d) | Part IV, line 19, or | 58,25158,251 reported more than |
| Revenue | 10 11 rt l | Direct expense summary. Add line Net income summary. Subtract line Gaming. Complete if the org. \$15,000 on Form 990-EZ, line Gross revenue. Cash prizes. | es 4 through 9 in colune 10 from line 3, colune 10 from line 3, colund anization answered "e 6a. (a) Bingo | yes" on Form 990, F | Part IV, line 19, or (c) Other gaming | 58,251. -58,251 reported more than (d) Total gaming (add col. (a) through col. (c)) |
| Revenue A | 10 11 rt l 1 2 3 4 5 | Direct expense summary. Add line Net income summary. Subtract line Gaming. Complete if the org. \$15,000 on Form 990-EZ, line Gross revenue. Cash prizes. Noncash prizes. Rent/facility costs. | es 4 through 9 in colune 10 from line 3, colune 10 from line 3, colune 10 mization answered "e 6a. | yes" on Form 990, F | Part IV, line 19, or | 58,251. -58,251 reported more than (d) Total gaming (add col. (a) through col. (c)) |
| Revenue A | 10 11 rt 1 2 3 4 5 | Direct expense summary. Add line Net income summary. Subtract line Gaming. Complete if the org. \$15,000 on Form 990-EZ, line Gross revenue. Cash prizes. Noncash prizes. Rent/facility costs. Other direct expenses | es 4 through 9 in colune 10 from line 3, colune 10 from line 3, coluna ization answered "e 6a. (a) Bingo | mn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo Yes% No | Part IV, line 19, or (c) Other gaming Yes% No | 58,251. -58,251 reported more than (d) Total gaming (add col. (a) through col. (c)) |

Schedule G (Form 990) 2021

JSA 1E1282 1.000

If "Yes," explain:

10a

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

| Sched | dule G (Form 990 or 990-EZ) 2021 WASHINGTON LAWYERS' COMMITTEE FOR CIVIL | 52-17849 | 38 Page | 3 |
|-------|---|-----------------|---------|---|
| 11 | Does the organization conduct gaming activities with nonmembers? | | res No | 0 |
| 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? | \ | res No | 0 |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | C | % |
| b | | | Ċ | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books | | | |
| | records: | | | |
| | Name ► | | | |
| | Address ► | | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives g | aming | | |
| | revenue? | | res No | 0 |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a | | | |
| | 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 Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| ., | | ceeds to | | |
| _ | retain the state gaming license? | | res No | n |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organ | nizations | | |
| | or spent in the organization's own exempt activities during the tax year > \$ | iizationo | | |
| Par | | (iii) and (v) a | nd | _ |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition | | | |
| | (see instructions). | | | |
| | | | | _ |
| | | | | |

Schedule G (Form 990 or 990-EZ) 2021

SCHEDULE J (Form 990)

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

OMB No. 1545-0047 **Open to Public** Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

52-1784938

| RIGI | HTS AND URBAN AFFAIRS, INC. 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) | | | |
| | Discretionary speriality account Transfer as Training account | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line | | | |
| | 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the | | | |
| | organization's CEO/Executive Director. 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 | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| 7 | 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 | | Х |
| 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: | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 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 | | | |
| | 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)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 a | ind/or 1099-MISC and/or | 1099-NEC compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------|------|--------------------------|-------------------------------------|---|--|--------------------------------|------------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| JONATHAN SMITH | (i) | 189,571. | | | 14,040. | 28,991. | 232,602. | |
| 1 EXECUTIVE DIRECTOR | (ii) | | | | | | | |
| GREGG KELLEY | (i) | 157,025. | | | 10,232. | 12,135. | 179,392. | |
| 2 DIRECTOR, DEV. & COMM | (ii) | | | | | | | |
| KAITLIN BANNER | (i) | 154,908. | | | 9,985. | 19,929. | 184,822. | |
| 3 DEPUTY LEGAL DIRECTOR | (ii) | | | | | | | |
| JACQUELINE KUTNIK-BAUD | (i) | 151,099. | | | NONE | 29,661. | 180,760. | |
| 4 DEPUTY LEGAL DIRECTOR | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (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) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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

2021

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.

Employer identification number

52-1784938

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

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.

Name of the organization

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

52-1784938

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

Employer identification number 52-1784938

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

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 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,

Name of the organization

WASHINGTON LAWYERS' COMMITTEE FOR CIVIL

52-1784938

FORM 990, PART III - PROGRAM SERVICE

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 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.