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

Form **990** 

Department of the Treasury Internal Revenue Service 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020
Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year begir	nning	, 2020,	, and $\epsilon$	ending	_			, 20	<u>)                                    </u>			
<b>B</b> .	,		C Name of organization					D E	Employer ide	entific	ation num	ber			
B Check if a			COLORADO CENTER ON LA	W & POLICY											
	Addre chang		Doing Business As					8	34-1264	154	ł .				
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/s	suite	E 1	E Telephone number						
	Initial	return	789 SHERMAN STREET, S	UITE 300				(3	03) 57	3 – 5	669				
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code	)										
	Amen returr		DENVER, CO 80203					G	Gross receip	ts \$	2,	126,	,811.		
	Applio	cation	F Name and address of principal officer:	TIFFANI LENNO	ON			H(a)	Is this a grou		rn for	Yes	X No		
	_ ,	,	SAME AS C ABOVE					H(b)	Are all subord		icluded?	Yes	No.		
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1)	or	527		If "No," attac	h a list	. (see instruc	tions)			
J	Websi	te: 🕨	WWW.CCLPONLINE.ORG					H(c)	Group exem	otion n	umber				
K	Form (	of organ	ization: X Corporation Trust	Association Other	•	L	Year of form	ation:	1998 <b>м</b>	State	of legal do	micile:	CO		
Pa	art I	Sui	mmary	•					'						
	1	Briefly	describe the organization's mission o	r most significant activities	TO STA	AND V	VITH DI	VERS	E COMM	UNI	TIES A	CROS	SS		
æ			ORADO IN THE FIGHT AGAIN												
auc		AND	LEGAL ADVOCACY												
ēru	2	Check	this box  if the organization d	iscontinued its operation	s or dispose	ed of mo	ore than 25	 % of its	net assets	 S.					
Governance			er of voting members of the governing							3			10.		
⋖ŏ			er of independent voting members of t							4			10.		
Activities	5	Total	number of individuals employed in cale	endar vear 2020 (Part V. li	ne 2a)					5			18.		
Ξ			number of volunteers (estimate if neces							6			9.		
Act			unrelated business revenue from Part V							7a			0		
			nrelated business taxable income from							7b			0		
_		1101 01	Treated business taxable income from	1 01111 000 1, 11110 04					or Year		Curi	rent Ye	ear		
	8	Contri	butions and grants (Part VIII, line 1h)						638,61	3.			,400		
Revenue	9	Drogr	em service revenue (Part VIII, line 2a)		COP	Y FOR			3,74			7000	7 2 3 0		
Ş.	10	Invoct	am service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line	oc 2 1 and 7d)	PUBLIC IN	NSPEC <sup>-</sup>	TION		8,31			4	,081		
å	10	IIIVESI	revenue (Part VIII, column (A), lines 5,	55 5, 4, and 7u)			— ⊢		-10,77				,830		
								1	639,89	$\overline{}$	2		,311		
			revenue - add lines 8 through 11 (must						. 037,07	0.			,000		
			s and similar amounts paid (Part IX, colu							0.			<del>, 000</del>		
	14 15	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						1	022,10		1	136	,320		
Expenses									022,10	0.		, 130	7 2 0		
en	Ioa	Tatal	ssional fundraising fees (Part IX, column	n (A), line i re)	110 001		• • •			0.					
$\overline{\mathbf{x}}$			fundraising expenses (Part IX, column (						378,38	13		428	,166		
			expenses (Part IX, column (A), lines 11					1	400,48		1		,486		
			expenses. Add lines 13-17 (must equal					т,	239,41	$\overline{}$			, 825		
- v	19	Rever	ue less expenses. Subtract line 18 fron	n line 12				innina	of Current	_	End				
ts o			(5 ) (1				Беу		003,75			of Yea	,690		
sse Bala	20							, ک	42,14				,398		
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					1	961,61	$\overline{}$	2		,292		
			ssets or fund balances. Subtract line 21	from line 20	<u> </u>			Ι,	901,01	.0.		, 541	, 292		
	rt II		gnature Block	to and one to the discount of the second	and the second second	.1			4h - h - 4 - 4	1			11-6 16 1-		
true	e, corre	ect, and	of perjury, I declare that I have examined th complete. Declaration of preparer (other than	n officer) is based on all infor	mation of which	ch prep	arer has any	knowle	dge.	тту к	mowieage	and be	ilei, it is		
									11/1	E / 2	0.21				
Sig	n		Signature of officer						Date	3 / Z	021				
Hei		'	TIFFANI LENNON		EVECTIO	יו ז ז ד יו	DIRECT	OD	Date						
					FYFCOI	LIVE	DIRECT	OR							
			Type or print name and title  Type preparer's name	Preparer's signature		Dat				1-	PTIN				
Paid	I		LUMSDEN, CPA PARTNER	i reparer s signature				_	Check	"		2026			
	oarer		DD0 1101 11D			1	1/15/20	-	self-employ		P00743				
	Only		sname BDO USA, LLP	OT B. OFF. 200	T DED -	10 00	201				538159				
			address ▶ 4999 PEARL E CIR						10 110.	303	-440-C				
			cuss this return with the preparer show		5)						. Х у		No		
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.							Forr	ո 990	(2020)		

Page 2 Form 990 (2020)

Pa	art III	Statement of Program Serv Check if Schedule O contain		rt III
1		escribe the organization's mis		
			LOW-INCOME COLORADANS THRO	
	EDUCAT	ION, ADVOCACY AND L	TIGATION.	
	Did the	organization undertake any s	ignificant program services during the y	ear which were not listed on the
-	prior For	m 990 or 990-EZ?		
_		describe these new services of		
3	services?	)	ting, or make significant changes in	
4		describe these changes on So the organization's program		its three largest program services, as measured by
			1(c)(4) organizations are required to re y, for each program service reported.	port the amount of grants and allocations to others
4a	(Code: _ ATTA(	) (Expenses \$ CHMENT 1	682,851. including grants of \$	) (Revenue \$)
4b	(Code: _	) (Expenses \$ CHMENT 2	629,863. including grants of \$	) (Revenue \$)
	ATTA			
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)
4d	Other pr	ogram services (Describe on	Schedule O.)	
	(Expense	= :	g grants of \$ ) (Revenu	) )

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			No
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.7
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.		Х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a		
٠	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	1		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	[ <u>, , , ]</u>		v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		Х
:	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		^
•	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		- 21
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
,	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
) a	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		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
			Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			77
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			77
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·		200		Х
00	"Yes," complete Schedule L, Part IV	28c	Х	21
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
- •	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		-23
38	· · · · · · · · · · · · · · · · · · ·	20	Х	
Dow	19? Note: All Form 990 filers are required to complete Schedule O.	38	Λ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			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 in 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	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note</b> : 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
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
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		X
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? $oldsymbol{.}$	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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	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.	:		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
			~~~	

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 1a	LO			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	LO			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit				
	any other officer, director, trustee, or key employee?	<u> </u>	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		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		,_		Х
	one or more members of the governing body?		'a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		b		Х
	stockholders, or persons other than the governing body?		b		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ways by the following:	9			
_	the year by the following:	8	a	Х	
a b	The governing body?		b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a				
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co	de.	)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10	0a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	s,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	1a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes			v	
	describe in Schedule O how this was done	<u> </u>	2c	X	
13	Did the organization have a written whistleblower policy?		4	X	
14	Did the organization have a written document retention and destruction policy?	<u> </u>	4		
15	Did the process for determining compensation of the following persons include a review and approval being the process for determining compensation of the following persons include a review and approval being the process for determining compensation of the following persons include a review and approval being the process for determining compensation of the following persons include a review and approval being the process for determining compensation of the following persons include a review and approval being the process for determining compensation of the following persons include a review and approval being the process for determining compensation of the following persons include a review and approval being the process for the process for the process for determining compensation of the process for the	- 1			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		5a	Х	
a	The organization's CEO, Executive Director, or top management official	-	5b	Х	
b	Other officers or key employees of the organization				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	\t			
IVa	with a taxable entity during the year?		6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	s $\square$			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard th				
	organization's exempt status with respect to such arrangements?	10	6b		
Secti	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 99	)-T (S	Sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	X 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, conflic	of i	nter	est p	olicy,
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and rec KESI RELYEA, OPERATIONS DIR. 789 SHERMAN ST., STE 300 DENVER, CO 80203 303-573-5669	ords )	<b>&gt;</b>		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Average hours er week dist any ours for related anizations below (do not check more than one box, unless person is both an officer and a director/trustee) employee employee employee		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(A) ELECTRIC I ENNION	40.00								
(1)TIFFANI LENNON EXECUTIVE DIRECTOR	40.00			Х			131,129.	0.	17,354.
(2) BEVERLY BUCK, JD, MPA	1.00			Λ			131,129.	0.	17,334.
DIRECTOR	0.	X					0.	0.	0.
(3) SARAH PARADY, ESQ	1.00	Λ.					0.	0.	<u>.</u>
BOARD CHAIR	0.	Х		Х			0.	0.	0.
(4) WILLIAM CALLISON, ESQ.	1.00	21		21			0.	0.	<u> </u>
TREASURER	0.	X		Х			0.	0.	0.
(5) BARBARA YONDORF	1.00							<u> </u>	
SECRETARY	0.	Х		Х			0.	0.	0.
(6) JONATHAN D. ASHER, ESQ.	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(7)T A TAYLOR-HUNT, ESQ.	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(8) JOSE VASQUEZ, ESQ.	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(9)NAN MOREHEAD	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(10) D. DONTAE LATSON	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(11) LEANNE D. WHEELER	1.00								
VICE CHAIR	0.	X		Χ			0.	0.	0.
(12) ALEXI FREEMAN, ESQ	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(13)									
(14)									
							<u> </u>		<u> </u>

Form **990** (2020)

_	1 990 (2020)													Page 8
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employe	es (cc	ontinue	d)	
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than						Reportable	Reportab	le	Est	imated	
		hours per	,						compensation	compensation	າ from		ount of	
		week (list any					is both or/trust		from	related			ther	on
		hours for related	2 5	3 5					the	organizatio			ensation	ווכ
		organizations	d vi	Institutional trust	Officer	Key employee	ghe	Former	organization (W-2/1099-MISC)	(W-2/1099-N	ilisc)		nizatio	n
		below dotted	dua	ti	<b>–</b>	삘	st c	4	(** 2/1000 mice)				related	
		line)	7 5	la t		oye	mg					orga	nizatior	IS
			Individual trustee or director	rust		o o	Highest compensated employee							
				ee			sate							
							<u> </u>				-+			
		<b></b>	-											
											$\longrightarrow$			
		L												
		L												
		T												
		<del></del>	1											
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		<del></del>	-											
		ļ												
											$\longrightarrow$			
		L												
		T												
1b	Sub-total							<b></b>	131,129.		0.		17,3	354.
C	Total from continuation sheets to Part VII. S	ection A		• •	• •	• •		•	0.		0.			0.
	Total (add lines 1b and 1c)							•	131,129.		0.		17,3	354.
	Total number of individuals (including but not							o re	ceived more than	\$100 000 of				
_	reportable compensation from the organization			 1	u u		<i>5)</i> <b>11</b> 111		oonoa moro man	Ψ.00,000 0.				
_	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	·											Yes	No
_	Dil 11												169	NO
3														Х
	employee on line 1a? If "Yes," complete Schede											3		
4	For any individual listed on line 1a, is the													
	organization and related organizations gre													
	individual											4		X
5	Did any person listed on line 1a receive or													
	for services rendered to the organization? If "Ye	es," comple	te Scl	hedu	ıle J	I for	such	per	rson			5		X
_Se	ction B. Independent Contractors													
1	Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	that received more	than \$100,	000 of			
	compensation from the organization. Report of													
	year.													
	(A)								(B)			(C)		
	Name and husiness add	dress							עם) Description of se	rvices	Cc	omnens	ation	

ATTACHMENT 3

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 ▶ 1

# Part VIII Statement of Revenue

				y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512-5
ız	1a	Federated campaigns 1a					
and Other Similar Amounts	b	Membership dues 1b					
됩	С	Fundraising events 1c	11,885.				
<u></u>	d	Related organizations 1d					
≣	е	Government grants (contributions) 1e	206,500.				
2	f	All other contributions, gifts, grants,					
E l		and similar amounts not included above . 1f	1,875,015.				
ב ב	g	Noncash contributions included in lines 1a-1f 1g \$	58,121.				
ä	h	Total. Add lines 1a-1f		2,093,400.			
1			Business Code	2,033,100.			
	20						
Kevenue	2a b						
ă	C						
ě	d						
בׁ	e						
	f	All other program service revenue					
		Total. Add lines 2a-2f	▶	0.			
	3	Investment income (including dividends, int					
		other similar amounts)	▶ ↓	4,081.			4,0
	4	Income from investment of tax-exempt bond pro-		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 3,250.					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c 3,250.		2.050			
	d _	Net rental income or (loss)		3,250.			3,2
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory <b>7a</b>					
.	h	Less: cost or other basis					
	b	and sales expenses 7b					
3	c	Gain or (loss) 7c					
		Net gain or (loss)		0.			
	8a	Gross income from fundraising					
<b>i</b>	0a	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	1,500.				
	С	Net income or (loss) from fundraising events.	<u> ▶</u>	-1,500.			-1,5
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold 10b	0.				
+	С	Net income or (loss) from sales of inventory	Business Code	0.			
			541100	26,080.			26.0
Kevenue	11a		241100	20,080.			26,0
e e	b						
2	Q C	All other revenue					
	d	Total. Add lines 11a-11d		26,080.			
Н,	<u>е</u> 12	Total revenue. See instructions		2,125,311.			31,9
				-,,			1 31,7

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	36,000.	36,000.									
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	0.										
3	Grants and other assistance to foreign											
	organizations, foreign governments, and	_										
	foreign individuals. See Part IV, lines 15 and 16	0.										
4	Benefits paid to or for members	0.										
5	Compensation of current officers, directors,											
	trustees, and key employees	148,485.	89,091.	29,697.	29,697.							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and	0										
	persons described in section 4958(c)(3)(B)	0.	750 027		F0 F10							
7	Other salaries and wages	890,215.	752,837.	77,660.	59,718.							
8	Pension plan accruals and contributions (include	16 010	10 720		2 000							
	section 401(k) and 403(b) employer contributions)	16,010.	12,730.	260	3,280.							
9	Other employee benefits	6,987.	5,197. 60,573.	260. 7,673.	1,530. 6,377.							
10	Payroll taxes	74,623.	60,5/3.	7,673.	6,3//.							
	Fees for services (nonemployees):	0										
	Management	0.										
	Legal	24,443.	18,381.	4,190.	1,872.							
	Accounting	55,346.	48,202.	7,077.	67.							
	Lobbying	0.	40,202.	7,077.	07.							
	Professional fundraising services. See Part IV, line 17.	0.										
	f Investment management fees	0.										
g	Other. (If line 11g amount exceeds 10% of line 25, column	11,221.	9,772.	1,435.	14.							
	(A) amount, list line 11g expenses on Schedule O.)	0.	7,112.	1,133.	11.							
	Advertising and promotion	65,656.	52,764.	7,467.	5,425.							
13	Office expenses	0.	32,701.	7,107.	3,123.							
14	Information technology	0.										
15	Royalties	104,803.	86,305.	9,606.	8,892.							
16	Occupancy	13,659.	12,328.	225.	1,106.							
17	Payments of travel or entertainment expenses		,									
10	for any federal, state, or local public officials	0.										
10	Conferences, conventions, and meetings	0.										
	Interest	0.										
21	_	0.										
22	-	0.										
	Insurance	2,780.	2,308.	250.	222.							
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.)											
а	ACTIVITY EXPENSES	114,790.	113,938.	819.	33.							
b	DUES AND SUBSCRIPTIONS	13,606.	11,107.	1,359.	1,140.							
c	OTHER	21,862.	1,181.	20,153.	528.							
d	I											
е	All other expenses											
	Total functional expenses. Add lines 1 through 24e	1,600,486.	1,312,714.	167,871.	119,901.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundarising calibration.											
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.										
				ı								

## Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	714,138.	1	1,742,944.
2	Savings and temporary cash investments	0.	2	0 .
3	Pledges and grants receivable, net	922,352.	3	1,100,583.
4	Accounts receivable, net	0.	4	0 .
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0
<del>2</del> 7	Notes and loans receivable, net	0.	7	0
Assets 8 8	Inventories for sale or use	0.	8	0
9 🏲	Prepaid expenses and deferred charges	15,344.	9	12,182.
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 102,590.			
b	Less: accumulated depreciation		10c	0 .
11	Investments - publicly traded securities	351,923.	11	396,981.
12	Investments - other securities. See Part IV, line 11	0.	12	0 .
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	0.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,003,757.	16	3,252,690.
17	Accounts payable and accrued expenses	39,212.	17	32,634.
18	Grants payable	0.	18	0
19	Deferred revenue	2,935.	19	678,764.
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
တ္က 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
ig	controlled entity or family member of any of these persons	0.	22	0
تًا <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties	0.	23	0 .
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0 .
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0.
26	Total liabilities. Add lines 17 through 25	42,147.	26	711,398.
ces	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,046,285.	27	1,298,882.
<u>m</u> 28	Net assets with donor restrictions	915,325.	28	1,242,410.
Fund Balances 27 82 82	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or 29 30 31	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	
a 32	Total net assets or fund balances	1,961,610.	32	2,541,292.
32 33	Total liabilities and net assets/fund balances	2,003,757.	33	3,252,690.
,		, ,	_ 55	Form <b>990</b> (2020

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OIIII 3	70 (2020)				ıα	gc • =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>. L L L</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			25,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			00,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			24,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,9	61,6	
5	Net unrealized gains (losses) on investments	5			-1	143.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			55,0	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,5	41,2	292.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	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	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	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	_		_	37	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			7.7
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		_		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b	000	
				Form	990	(2020)

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

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

on.	Open to Publ Inspection				
Employer identification number					

COI	LORZ	ADO CENTER ON LAW &	POLICY				84-12641	54
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (0						
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	Х	An organization that norm	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)						
8		A community trust describe						
9		An agricultural research or	-			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that normal receipts from activities relasupport from gross investing acquired by the organization	ited to its exempt finent income and uiten and uiten after June 30, 19	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	•	•			
12		An organization organized	•	•				
		of one or more publicly su Check the box in lines 12a t						
_	Г		=	7.7			•	=
а		Type I. A supporting org	•	•	•		• , ,	
		the supported organization				ajority or	the directors of truste	es of the
b	Г	<ul><li>supporting organization. `</li><li>Type II. A supporting org</li></ul>				with ite	supported organizati	on(e) by baying
b	_	control or management of	•				· · ·	
		organization(s). <b>You mus</b> t			tile sain	c person	is that control of mar	age the supported
С		Type III functionally inte	=		ited in c	onnectio	n with and functiona	lly integrated with
Ŭ		its supported organization						ny intogratoa with,
d		Type III non-functionally						ted organization(s)
-		that is not functionally into			•			= ::
		requirement (see instruct	= =	<del>-</del>	-		· ·	
е		Check this box if the orga	•	-				II, Type III
		functionally integrated, or					•••	
f	En	ter the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	<b>(i)</b> N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				, , , , ,	Yes	No	,	,
(A)								
(B)								
(C)								
(D)								
` (E)								
\ <del>-</del> /								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,550,268.	1,701,561.	1,522,912.	1,638,613.	2,093,400.	8,506,754.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,550,268.	1,701,561.	1,522,912.	1,638,613.	2,093,400.	8,506,754.
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). ATCH 1.						3,309,567.
6	Public support. Subtract line 5 from line 4						5,197,187.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,550,268.	1,701,561.	1,522,912.	1,638,613.	2,093,400.	8,506,754.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,125.	3,400.	6,122.	11,242.	7,331.	48,220.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						8,554,974.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Supp		_				
14	Public support percentage for 2020 (lin	. ,			E E	14	60.75%
15	Public support percentage from 2019				_	15	62.89 <b>%</b>
16a	<b>33</b> 1/3% <b>support test - 2020.</b> If the org						
	box and <b>stop here</b> . The organization qu						
b	331/3% support test - 2019. If the org						
	this box and <b>stop here.</b> The organization	•		_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			<del>-</del>			
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			•	•		
46	organization						
18	Private foundation. If the organizatio						
	instructions						<u> </u>

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

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

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
7a	Amounts included on lines 1, 2, and 3						
. u	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d. third. fourth.	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investment						70
17	Investment income percentage for 2020 (lir			13 column (f))		17	%
	Investment income percentage for 2020 (iii					18	
18	331/3% support tests - 2020. If the org						
ıya		_					. —
L	17 is not more than 331/3%, check this						
Ø	331/3% support tests - 2019. If the orga						
20	line 18 is not more than 331/3%, check		-	•			

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

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.
^	Did the experiencian have any comparted experiencian that does not have an IDC determination of status

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g <i>y</i>			
	1		
s d			
	2		
er	3a		
d e			
3)	3b		
	3с		
lf	4a		
n <i>n</i>			
	4b		
n <i>d</i> 3)			
	4c		
," N n; n			
	5a		
у			
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e s			
	9a		
h	9b		
it			
n d	9c		
_	10a		
0	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

				- 3
Part	Supporting Organizations (continued)		V	NIa
4.4	Here the consequentian accounted a wife or contribution from any of the following property.		Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	11a		
h	11c below, the governing body of a supported organization?  A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
C	detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations	110		
ocotii	71 D. Type I Supporting Significations		Yes	No
			103	110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	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		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously	_		
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (se	e instr	ructions	s).
			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
D	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. Answer lines 3a and 3b below.			
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 "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		1

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org.	anization	<u> </u>	rage
1 Check here if the organization satisfied the Integral Part Test as a qualify			in in <i>Part VI</i> ). See
instructions. All other Type III non-functionally integrated supporting orga			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		ted Type III supporting	g organization

Schedule A (Form 990 or 990-EZ) 2020

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

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 exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2020 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

#### Schedule of Contributors

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

**2020** 

**Employer identification number** 

COLORADO CENTER ON LAW & POLICY 84-1264154 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\lfloor exttt{X} 
floor$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Name of organization COLORADO CENTER ON LAW & POLICY

Employer identification number 84-1264154

Part I Contributo	<b>'s</b> (see instructions).	. Use duplicate copies	of Part I if additiona	I space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$678,464.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_	N/A	\$\$84,355.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$182,459.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4_	N/A	\$129,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$125,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	N/A	\$75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization COLORADO CENTER ON LAW & POLICY

Employer identification number 84-1264154

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
7 N/A		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8 N/A		\$\$60,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9 <u>N/A</u>		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10 N/A		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization COLORADO CENTER ON LAW & POLICY

Employer identification number 84-1264154

art II	<b>Noncash Property</b>	(see instructions	). Use duplicate c	opies of Part II if ad	ditional space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization COLORADO CENTER ON LAW & POLICY **Employer identification number** 84-1264154 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 50 f(c)(5) organizations	that have NOT filed Form 5700 (elec	tion under section 50 i(ii	)). Complete Fart II-b. Do no	it complete Fart II-A.
If the	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	/ Tax) (See separate in	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) orga				
Nam	e of organization			Employer ide	ntification number
COI	ORADO CENTER ON LAW	& POLICY		84-126	4154
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (See in	nstructions for
	definition of "political campa				
2	Political campaign activity e	xpenditures (See instructions)		\$	
3	Volunteer hours for political	campaign activities (See instruction	ons)		
	t I-B Complete if the c	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organizati	on under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization r	nanagers under secti	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
					Yes _ No
	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	s).
1		xpended by the filing organizatio			
2		ng organization's funds contribute			
		es			
3	•	enditures. Add lines 1 and 2. Er		•	
	line 1/b			▶\$	
4 5	Enter the names addresses	e <b>Form 1120-POL</b> for this year? and employer identification num	hor (FINI) of all soction	on 527 political organiz	Yes No
J		s. For each organization listed, e			
		tributions received that were pro			
	as a separate segregated fur	nd or a political action committee	(PAC). If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(1)					
(')			+		
(2)					
\ <del>-</del> /			7		
(3)					
(-,					
(4)					
. ,			7		
(5)					
. ,			7		
(6)					
			7		

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

Schedule C (Form 990 or 990-EZ) 2020

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

P	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under		
A		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group memb	er's name,		
В	Check ▶ if the filing organization ch	ecked box A and "limited control" provisions app	oly.			
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals		
18	a Total lobbying expenditures to influence	public opinion (grassroots lobbying)	23,456.			
ı	Total lobbying expenditures to influence	a legislative body (direct lobbying)	36,794.			
(	Total lobbying expenditures (add lines 1	a and 1b) [	60,250.			
•	d Other exempt purpose expenditures		1,540,237.			
•	Total exempt purpose expenditures (add	d lines 1c and 1d)	1,600,487.			
f	Lobbying nontaxable amount. Enter th columns.	230,024.				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Not over \$500,000	20% of the amount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
	Over \$17,000,000	\$1,000,000.				
Ç	g Grassroots nontaxable amount (enter 25	5% of line 1f)	57,506.			
ı	h Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	0.		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.	0.		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720			
	reporting section 4911 tax for this year?			Yes No		
		4-Year Averaging Period Under Section 501(h)				
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.					

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) Total			
2a	Lobbying nontaxable amount	190,406.	222,484.	215,049.	230,024.	857,963.			
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,286,945.			
С	Total lobbying expenditures	55,053.	54,638.	74,794.	60,250.	244,735.			
d	Grassroots nontaxable amount	47,602.	55,621.	53,762.	57,506.	214,491.			
е	Grassroots ceiling amount (150% of line 2d, column (e))					321,737.			
f	Grassroots lobbying expenditures	20,206.	19,320.	25,998.	23,456.	88,980.			

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes No Amount description of the lobbying activity. 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: Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. С Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? e Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . . . g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h Other activities? i j 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . . Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Nο Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 4 Taxable amount of lobbying and political expenditures (See instructions) **Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► 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

COL	ORADO CENTER ON LAW & POLICY	84-1264154
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control? $\ \ .$	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	of a literal all stormants of land and
		of a historically important land area
		of a certified historic structure
2	Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in	a the form of a consequation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total number of conservation easements	2a
a b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	
-	tax year ▶	gg
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	tion, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>	
7	$Amount\ of\ expenses\ incurred\ in\ monitoring,\ inspecting,\ handling\ of\ violations,\ and\ enforcing\ or\ or\ or\ or\ or\ or\ or\ or\ or\ or$	conservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
_	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	cial statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	o o o o o o o o o o o o o o o o o o o
1a		ie statement and halance sheet works
ıa	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes to	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sart, historical treasures, or other similar assets held for public exhibition, education, or res	
	provide the following amounts relating to these items:	caron in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b></b> ▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under FASB ASC 958 relating to these items:	3 / 1
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	

Page 2 Schedule D (Form 990) 2020

Pa	rt    Organizations Maintain	ng Collection	s of Art, I	listorical Tre	easures	s, or	Other	Similar A	ssets (d	continued	)
3	Using the organization's acquisition	on, accession,	and other	records, chec	k any o	f the	follow	ing that m	ake sigr	nificant use	e of its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan	or excha	ange	progra	m			
b	Scholarly research		е	Other							
С	Preservation for future gene	rations									
4	Provide a description of the orga		ctions and	explain how	they fur	ther	the or	ganization's	exemp	t purpose	in Part
	XIII.			·	,			J	•		
5	During the year, did the organization	on solicit or rec	eive donati	ons of art, hist	orical tr	easu	res, or	other simila	ar		
	assets to be sold to raise funds rath									Yes	No
Pa	rt IV Escrow and Custodial A				<u> </u>						
	Complete if the organization 990, Part X, line 21.			Form 990, F	Part IV,	line	9, or r	eported ar	n amour	nt on Forr	n
1a	Is the organization an agent, trus	tee, custodian	or other in	ntermediary fo	or contr	ributi	ons or	other asse	ets not		
	included on Form 990, Part X?								[	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and	complete t	he following tal	ole:				_		
			·	•					Amount		
С	Beginning balance					1c					
d	Additions during the year										
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am						stodial	account lial	oility?	Yes	No
b	If "Yes," explain the arrangement i										
	rt V Endowment Funds.										
	Complete if the organiza	ation answere	d "Yes" or	Form 990, F	Part IV,	line	10.				
		(a) Current ye		<b>b)</b> Prior year	(c) Two			(d) Three ye	ars back	(e) Four ye	ars back
10	Beginning of year balance	.,						,,,,,,		.,,,,,	
1a	Contributions										
b											
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage Board designated or quasi-endown			alance (line 1g	column	(a))	held as	:			
a		%									
	Permanent endowment ▶  Term endowment ▶	/ <sub>0</sub>									
C	The percentages on lines 2a, 2b, a	- ' -	aual 100%								
3 2	Are there endowment funds not in				are held	d and	d admir	nietarad far	tho		
Ja	organization by:	trie possessioi	i oi ille oig	anization that	are nen	u and	a auiiiii	iistereu ioi	ıı ı <del>c</del>	Ye	s No
	(i) Unrelated organizations									3a(i)	110
	(ii) Related organizations									3a(ii)	_
b	If "Yes" on line 3a(ii), are the related									3b	_
_	Describe in Part XIII the intended									30	
4 Pa											
Га	rt VI Land, Buildings, and Equation Complete if the organization	ation answere	d "Yes" or	n Form 990,	Part IV,	, line	11a. S	See Form	990, Pa	rt X, line	10.
	Description of property		Cost or other b	asis (b) Cost	or other ba		(c) Ac	cumulated		l) Book value	
4.0	Land		(investment)	(0	ther)		aepr	eciation			
1a	Land					+					
b	Buildings				18,28	20		18,280.			
C	Leasehold improvements				84,31			84,310.			
d	Equipment				04,31			07,31U.			
e Tota	Other		I Form 202	Dort V sale	n /D\ #	20.40	۱۵ )				
ota	I. Add lines 1a through 1e. (Column	ı (u) ınust equa	ı FUIII 990,	ran A, colum	ıı (ඏ), IIN	ie 10	U.)	▶			

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020	Page 3
Scriedule D (Form 990) 2020	raue 👽

Part VII	Investments - Other Securities. Complete if the organization answered	I "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 valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
. ,	held equity interests			
(3) Other _				
(A) _				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "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 valuat	
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	L    \	D. D. (11)/ 15 . 44   Q. (5)	D . ( V . P 45
	Complete if the organization answered		), Part IV, line 11d. See Form 990,	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ımn (b) must equal Form 990, Part X, col. (B) l	lino 15 \		
Part X	Other Liabilities.  Complete if the organization answered line 25.			m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	., , , , , , , , , , , , , , , , , , ,			

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports 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 .

Page 4 Schedule D (Form 990) 2020

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
	Total revenue, gains, and other support per audited financial statements	1	2,152,688.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	27,377.
	Subtract line 2e from line 1	3	2,125,311.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,125,311.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	1,628,006.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	27,520.
3	Subtract line 2e from line 1	3	1,600,486.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	1 600 406
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,600,486.
Provide 2; Part	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; PXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

Schedule D (Form 990) 2020 Page **5** 

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE CENTER QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). HOWEVER, INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO THE CENTER'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE CENTER HAD NO UNRELATED BUSINESS INCOME DURING THE YEARS ENDED DECEMBER 31, 2020 AND 2019.

THE CENTER BELIEVES THAT IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX-EXEMPT STATUS, AND THAT IT HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE CENTER IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 1,500.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 1,500.

Schedule D (Form 990) 2020

#### **SCHEDULE I** (Form 990)

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

2020

OMB No. 1545-0047

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

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
COLORADO CENTER ON LAW & POLICY						84-126415	54
Part I General Information on Grants and	d Assistanc	е				·	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	ts or assistand	ce?			• •		Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 9 TO 5 NATIONAL ASSOC OF WORKING WOMEN INC.							
207 E BUFFALO ST MILWAUKEE, WI 53202	34-1246311	501(C)(3)	18,000.				GENERAL
(2) THE COLORADO COALITION FOR THE HOMELESS							
2111 CHAMPA ST DENVER, CO 80205	84-0951575	501(C)(3)	18,000.				GENERAL
(3)	-						
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
111)							
12)							
<ul> <li>Enter total number of section 501(c)(3) and</li> <li>Enter total number of other organizations list</li> </ul>							2.

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

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (f) Description of non-cash assistance (f) Descri

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

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization COLORADO CENTER ON LAW & POLICY Employer identification number 84-1264154

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		1.	41,121.	FAIR MARK	ET V	/ALUI	E
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
	Other ►(							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat				_			i
	28, that it must hold for at least the	•			•			37
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							i
31	Does the organization have a							37
	contributions?					31	$\vdash$	X
32a	Does the organization hire or use		_					37
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2020

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

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

84-1264154

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. Inspection is a twww.irs.gov/form990. Inspection is a twww.irs.gov/form990.

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

COLORADO CENTER ON LAW & POLICY

THE EXECUTIVE DIRECTOR REVIEWS THE DRAFT FORM 990 AND PROVIDES A FINAL DRAFT TO ALL MEMBERS OF THE BOARD OF DIRECTORS WITH A REQUEST FOR EACH DIRECTOR TO INDICATE THAT THEY HAVE REVIEWED THE FORM 990 BEFORE IT IS FILED. AN OFFICER OF THE ORGANIZATION SIGNS THE FORM 990.

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

ALL MEMBERS OF THE CCLP BOARD OF DIRECTORS AND ALL MEMBERS OF THE STAFF
RECEIVE THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO SIGN A
STATEMENT THAT THEY HAVE REVIEWED THE POLICY UPON BECOMING AFFILIATED
WITH THE ORGANIZATION. BOARD MEMBERS DISCLOSE THEIR EMPLOYMENT AND
COMMUNITY AFFILIATIONS TO THE EXECUTIVE DIRECTOR AND ASSISTANT SECRETARY
UPON BEING ELECTED TO THE BOARD, AND ARE REQUIRED TO UPDATE THE
DISCLOSURE ANNUALLY. THE EXECUTIVE DIRECTOR MONITORS ALL TRANSACTIONS AND
MATTERS UPON WHICH THE BOARD OF DIRECTORS WILL BE VOTING AND ALERTS ANY
DIRECTOR OF A POTENTIAL CONFLICT IN THE EVENT ONE MAY ARISE.

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

THE PLANNING AND GOVERNANCE COMMITTEE DEVELOPS THE COMPENSATION PACKAGE

FOR THE EXECUTIVE DIRECTOR. THE COMMITTEE REVIEWS SEVERAL SOURCES OF DATA

TO DETERMINE THE COMPENSATION WHICH INCLUDES GUIDESTAR AND SURVEYS. THE

EXECUTIVE COMMITTEE APPROVES THE COMPENSATION. EVERY DECEMBER THE BOARD

REVIEWS AND APPROVES THE NEXT YEAR'S COMPENSATION FOR ALL STAFF. THE

BUDGET IS PUT TOGETHER BY MANAGEMENT AND REVIEWED AND RECOMMENDED BY THE

Name of the organization

COLORADO CENTER ON LAW & POLICY

84-1264154

BOARD TREASURER. THE LAST REVIEW OF KEY EMPLOYEES' COMPENSATION OCCURRED IN DECEMBER 2020.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO MEMBERS OF THE PUBLIC UPON

FORM 990, PART XII, LINE 2C:

THE PROCEDURE FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED DURING THE TAX

YEAR.

ATTACHMENT 1

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

POLICY ADVOCACY - FAMILY ECONOMIC SECURITY PROGRAM

CCLP RESEARCHES, ADVOCATES, AND PROMOTES POLICIES THAT FIGHT

AGAINST POVERTY THROUGHOUT COLORADO. IN DOING SO, WE BUILD

COALITIONS WITH OUR PARTNERS FOR SYSTEMATIC CHANGE AND PROTECT THE

RIGHTS OF LOW-INCOME COLORADANS.

BESIDES WORKING WITH STATE LEGISLATORS TO TRANSFORM LEGISLATION

INTO LAW, WE TAKE OUR EXPERTISE TO THE ADMINISTRATIVE LEVEL OF

STATE GOVERNMENT TO PROPOSE POLICIES THAT MAKE IT EASIER FOR

COLORADANS TO OBTAIN AND USE FOOD ASSISTANCE BENEFITS. FOR

EXAMPLE, WE ADVISE COLORADO'S STATE BOARD OF HUMAN SERVICES ON

RULES THAT APPLY TO PROGRAMS LIKE SNAP AND WIC. WE MEET REGULARLY

WITH OFFICIALS AT THE COLORADO DEPARTMENT OF HUMAN SERVICES ON

REQUEST.

ATTACHMENT 1 (CONT'D)

PROGRAM ISSUES. OUR RESEARCH TEAM ALSO REVIEWS THE EFFECTS OF RULES THAT GOVERN COLORADO'S FOOD ASSISTANCE PROGRAMS ON PARTICIPANT ENROLLMENT AND RETENTION.

WE ADVOCATE FOR POLICIES THAT PROTECT PEOPLE'S ACCESS TO BASIC

NEEDS WHEN THEY CAN'T WORK. IN PARTNERSHIP WITH OUR

SKILLS2COMPETE-COLORADO COALITION, WE ALSO SUPPORT EFFORTS TO GET

COLORADANS BACK INTO THE WORKFORCE AND IMPROVE THEIR SKILLS TO GET

BETTER-PAYING JOBS. OUR POLICIES HELP COLORADANS WORKING IN LOW

WAGE JOBS RECEIVE BETTER WAGES, AND SUPPORT EMPLOYMENT THROUGH

CHILD-CARE ASSISTANCE AND REFUNDABLE TAX CREDITS.

WE SUPPORT CONSTRUCTION AND PRESERVATION OF MORE HOUSING THAT
COLORADANS CAN AFFORD. WE PROMOTE MANUFACTURED HOUSING AS ONE
SOLUTION. WE PROVIDE TENANTS WITH MORE TOOLS FOR SECURING
STABILITY IN THEIR HOUSING, INCLUDING WORKFORCE HOUSING FOR
ENTRY-LEVEL PROFESSIONALS LIKE TEACHERS AND POLICE OFFICERS WHO
OTHERWISE MIGHT NOT BE ABLE TO PAY THE RENT IN MANY PARTS OF
COLORADO.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

LEGAL AND ADMINISTRATIVE ADVOCACY - HEALTH PROGRAM

CCLP'S OFFERS EVIDENCE-BASED SOLUTIONS TO PROMOTE PRACTICES THAT

BOTH IMPROVE FOOD SECURITY AND THE OVERALL HEALTH AND WELLBEING OF

Name of the organization
COLORADO CENTER ON LAW & POLICY

 $\begin{array}{c} \textbf{Employer identification number} \\ 84 - 1264154 \end{array}$ 

ATTACHMENT 2 (CONT'D)

LOW-INCOME COLORADANS. IN DOING SO, WE ADDRESS THE SOCIAL AND ECONOMIC BARRIERS THAT PREVENT COLORADANS FROM MEETING THEIR BASIC HUMAN NEEDS.

TO ILLUSTRATE, OUR WORK AIMS AT ENSURING THAT AFFORDABILITY

COVERAGE PROGRAMS, INCLUDING MEDICAID, CHILD HEALTH PLUS (CHP+)

AND SUBSIDIZED COMMERCIAL PLANS, ARE COMPREHENSIVE, EFFICIENT, AND

EFFECTIVE SO THAT COLORADANS HAVE ACCESS TO PREVENTIVE CARE AND

TREATMENT THAT WILL ENHANCE THEIR LIVES IN THE SHORT- AND

LONG-TERM. OUR COMPLEX SYSTEMS CAN BE CHALLENGING, SO WE ALSO

PROVIDE COLORADANS WITH MORE TOOLS TO ADVOCATE ON THEIR OWN

BEHALF, AND TO GET THE CARE THEY AND THEIR FAMILIES NEED.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

SHERMAN POINT VENTURES, LLC 789 SHERMAN ST., SUITE 430 DENVER, CO 80203

RENTAL PROPERTY

118,003.