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CLIENT'S COPY

December 21, 2022

Colorado Center on Law & Policy 789 Sherman St Ste 300 Denver, CO 80203

Colorado Center on Law & Policy:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

RYAN, GUNSAULS & O'DONNELL, LLC

50m 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

calendar year 2021, or fiscal year beginning	, 2021, and ending	
diction your Lot i, or noour your boginning	, Lot 1, and chang	

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

COLORADO CENTER ON LAW & POLICY

84-1264154

EIN or SSN

20

Name and title of officer or person subject to tax

BETHANY PRAY
INTERIM EXECUTIVE DIRECTOR

For o

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

iai i Oi	ie iii ie ii i ait i.		
1a	Form 990 check here X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь <u>2,716,887</u>
2a	Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signati	re Authorization of Officer or Person Subject to Tax	
Inder _I	penalties of perjury, I declare that X	am an officer of the above entity or I am a person subject to tax with re	spect to (name
f entit	y)	, (EIN) and that I ha	ve examined a copy of the
021 മ	lectronic return and accompanying sch	edules and statements, and to the hest of my knowledge and helief, they are	true correct and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one b	oox only	,
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X Lauthorize RYAN, GUNSAULS & O'DONNELL, LLC to enter my PIN 64154

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date ►

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

84924985558

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature RYAN, GUNSAULS & O'DONNELL, LLC

Date ightharpoonup 12/21/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

ggn

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change COLORADO CENTER ON LAW & POLICY Name change 84-1264154 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ (303) 573-5669 789 SHERMAN ST STE 300 termin-ated 2,716,887. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code X Amended return DENVER, CO 80203 H(a) Is this a group return Applica-F Name and address of principal officer: BETHANY PRAY for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.CCLPONLINE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1998 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: TO STAND WITH DIVERSE Activities & Governance COMMUNITIES ACROSS COLORADO IN THE FIGHT AGAINST POVERTY THROUGH Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) <u>13</u> Number of independent voting members of the governing body (Part VI, line 1b) 22 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 2,093,400. 2,705,245. Contributions and grants (Part VIII, line 1h) Revenue Ō. 0. Program service revenue (Part VIII, line 2g) 553. 4,081. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11,089. 27,830. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,125,311. 2,716,887. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 36,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,136,320. 1,547,839. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 428,166. 1,051,044. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,600,486. 2,598,883. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 118,004. 524,825 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 3,252,690. 3,446,929. 20 Total assets (Part X, line 16) 787,633. 711,398. 21 Total liabilities (Part X, line 26) 541,292. 2,659,296. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign INTERIM EXECUTIVE DIRECTOR BETHANY PRAY, Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature if self-employed KATHERINE T MOELLER CPA KATHERINE T MOELLER 12/21/22 P01270619 Paid Firm's name RYAN, GUNSAULS & O'DONNELL, Firm's EIN $\searrow 45-5297192$ Preparer Firm's address 5590 E. YALE AVE. SUITE 201 Use Only DENVER, CO 80222 Phone no. 303-758-558

May the IRS discuss this return with the preparer shown above? See instructions

Pa	Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE COLORADO CENTER ON LAW AND POLICY ADVANCES THE HEALTH, ECO	NOMIC
	SECURITY AND WELL-BEING OF LOW-INCOME COLORADANS THROUGH RESEA EDUCATION, ADVOCACY AND LITIGATION.	RCH,
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total erevenue, if any, for each program service reported.	expenses, and
4a	(Code:) (Expenses \$ 1,533,695. including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	
	SEE SCHEDULE O	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,338,635.	Form 990 (2021)
		(2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			_V
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		Х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Bort II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b		144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ •
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV	Checklist of Required Schedules (continued
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

			Yes	NI-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			l
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		X
h	Schedule K. If "No," go to line 25a	24a 24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
_	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	051		X
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			X
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Α_
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable The number of Forms W 2G included on line 1a. Enter 0 if not applicable.			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c	х	
	\U			

132004 12-09-21

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х							
b	If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х							
5а	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		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	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X								
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?	7 f 7g		X							
g											
h											
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
sponsoring organization have excess business holdings at any time during the year?											
9 Sponsoring organizations maintaining donor advised funds.											
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X							
10	Section 501(c)(7) organizations. Enter:	90									
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
a	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
_	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			٠,,							
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.	,_		v							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
47	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

Form **990** (2021) 132005 12-09-21 2021.05010 COLORADO CENTER ON LAW & PO 15212__1

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (303) 573-5669			
	789 SHERMAN ST STE 300, DENVER, CO 80203			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C)					про	ilout	(D)	(E)	(F)
Name and title	Average	(do	Positior (do not check more					Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week (list any	-					Ĺ	from the	from related organizations	other compensation
	hours for	direc.				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	ınal tr		loyee	o mp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TIFFANI LENNON	40.00	드	드	0	ž	ᄑᡖ	꼰			
PRIOR EXEC DIRECTOR				Х				146,373.	0.	0.
(2) BETHANY PRAY	40.00									
INTERIM EXEC DIRECTOR		1		Х				96,845.	0.	0.
(3) BEATRIZ BONNET	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) WILIAM CALLISON ESQ	1.00									
DIRECTOR		Х						0.	0.	0.
(5) BARBARA YONDORF	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) JONATHAN D ASHER ESQ	1.00							_	_	_
DIRECTOR		Х		Х				0.	0.	0.
(7) T A TAYLOR-HUNT ESQ	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) JOSE VASQUEZ ESQ	1.00	١							•	
DIRECTOR	1 00	Х						0.	0.	0.
(9) D DONTAE LATSON	1.00								•	0
BOARD VICE CHAIR	1 00	Х		Х				0.	0.	0.
(10) BEVERLY BUCK	1.00	,,		,,					0	•
SECRETARY	1 00	Х		Х				0.	0.	0.
(11) MIRIAM GOETZKE	1.00	٠,,							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(12) CAROLE BRITE	1.00	X						0.	0.	0.
DIRECTOR (13) LYNN BORUP	1.00	^						0.	0.	<u> </u>
	1.00	X						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		\mathbf{I}								
		1								
		1								
-										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)													
Name and title	Average	/		Pos				Reportable	Reportable		Es	(F) stimate	∍d
	hours per	per (do not check more than one box, unless person is both an				compensation	compensatio		an	nount	of		
	week	offi	cer an	d a d	irecto	or/trus	ee)	from	from related	1		other	
	(list any	ctor						the	organization	s	com	pensa	ıtion
	hours for	r dire				pa:		organization	(W-2/1099-MIS	3C/	fr	om th	е
	related	tee o	nstee			ensa		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	Itrus	nal tr		oyee	dwo		1099-NEC)			an	d relat	ed
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	Former				orga	anizati	ons
	line)	Indi	Inst	Officer	Key	High	퉏						
						T							
			Н							\rightarrow			
			Н			\vdash				\rightarrow			
										\longrightarrow			
1b Subtotal							<u> </u>	243,218.		0.			0.
c Total from continuation sheets to Part V							•	0.		0.			0.
d Total (add lines 1b and 1c)							•	243,218.		0.			0.
Total number of individuals (including but n							o r		000 of reportab	 le			
compensation from the organization		.000		, u u,		o,		occived more than \$100	,ooo or roportab				1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director truct	00 I		mn	مردا		hio	shoot componented omn	lovos on	ſ			
											_		Х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su													37
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or a	•				-		elat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch ,	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	racto	rs t	that received more than	\$100,000 of com	npens	ation 1	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	thir	n the organization's tax y	year.				
(A)								(B)			(0	C)	
Name and business	address							Description of s	ervices	С	ompe	nsatio	n
SHERMAN POINT VENTURES,	LLC, 789	9 5	SHE	<u> CRI</u>	IAN	N							
ST., SUITE 430, DENVER,	CO 80203	3					þ	RENTAL PROPE	RTY		11	6,7	18.
							寸						
							\dashv		-				
							\dashv						
							\dashv						
2 Total number of independent contractors (i	-	ot li	mite	d to		_	tec	d above) who received m	ore than				
\$100,000 of compensation from the organi	zation >				-	1							

	rt V	/111						
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under
10.10								sections 512 - 514
ints			Federated campaigns 1a					
Gra Jou			Membership dues 1b					
ts, An		С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
ns, Sim			ÿ \ /					
er S		f	All other contributions, gifts, grants, and					
호본			***	705,245.				
and Opt		_	Noncash contributions included in lines 1a-1f 1g \$					
<u>5 g</u>		h	Total. Add lines 1a-1f	<u></u>	2,705,245.			
				Business Code				
Se	2	а						
ervi		b						
n Si ent		С						
ran 3ev		d						
Program Service Revenue		е						
Δ.			1 3					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter-					
			other similar amounts)		553.			553.
	4		Income from investment of tax-exempt bond p	•				
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a 700.					
			Less: rental expenses 6b 0 .					
			Rental income or (loss) 6c 700.	<u> </u>	700			700
	_		Net rental income or (loss)		700.			700.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
Φ		b	Less: cost or other basis					
n (and sales expenses7b					
Revenue			Gain or (loss) 7c					
е	_		Net gain or (loss)	<u> </u>				
Othe	8	а	Gross income from fundraising events (not					
O			including \$ of					
			contributions reported on line 1c). See	2,347.				
		L	Part IV, line 18 Less: direct expenses 8a 8b	_				
			Net income or (loss) from fundraising events		2,347.			2,347.
	۵		Gross income from gaming activities. See	P	2,547.			2,347
	9	а	Part IV, line 19 9a					
		h	Less: direct expenses 9b	1				
								
	10		Gross sales of inventory, less returns					
		u	and allowances 10a					
		h	Less: cost of goods sold 10k	+				
			Net income or (loss) from sales of inventory					
		Ť	The three the en (1666) from Saide of the original in	Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS REVENUE	541100	8,042.			8,042.
ane nue	•	b			, , , , , , ,			
eve		c						
ļķ Š			All other revenue					
2			Total. Add lines 11a-11d		8,042.			
_	12		Total revenue. See instructions		2,716,887.	0.	0.	11,642.

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).

Do	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,547,839.	1,437,491.	74,716.	35,632
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С					
d					
е	D (' 1(1 ' ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	234,916.	175,898.	44,215.	14,803
12	Advertising and promotion		10.00		
13	Office expenses	21,136.	10,636.	9,438.	1,062
14	Information technology	75,079.	61,951.	7,716.	5,412
15	Royalties	100 500	07 004	10 015	0 542
16	Occupancy	108,562.	87,804.	12,215.	8,543
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	906.		906.	
19	Conferences, conventions, and meetings	900.		900.	
20	Interest	109,834.	94,834.	15,000.	
21	Payments to affiliates	109,034.	94,034.	13,000	
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered				
Z -1	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	OTHER PROGRAM COSTS	438,909.	440,190.	-1,769.	488
b	OTHER STAFF COSTS	21,707.	4,520.	16,176.	1,011
c	TELEPHONE AND INTERNET	17,216.	12,173.	3,768.	1,275
d	PRINTING AND COPYING	10,300.	4,644.	1,636.	4,020
е	All other expenses	12,479.	8,494.	3,159.	826
25	Total functional expenses. Add lines 1 through 24e	2,598,883.	2,338,635.	187,176.	73,072
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	l	I	l	

Part X	`	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			1,742,944.	1	1,911,195
2	2	Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net			1,100,583.	3	866,803
4		Accounts receivable, net				4	
5		Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so	ubstant	al contributor, or 35%			
		controlled entity or family member of any of		5			
6	3	Loans and other receivables from other disq	ualified	persons (as defined			
		under section 4958(f)(1)), and persons descri	ribed in	section 4958(c)(3)(B)		6	
ध्र 7	7	Notes and loans receivable, net				7	
Assets 8 8	3	Inventories for sale or use				8	
⋖ 9	9	Prepaid expenses and deferred charges			12,182.	9	11,428
10)a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10	a			
	b	Less: accumulated depreciation	10	b		10c	
11	1	Investments - publicly traded securities			396,981.	11	397,041
12	2	Investments - other securities. See Part IV, li	ne 11			12	252,612
13	3	Investments - program-related. See Part IV, I	ine 11			13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			0.	15	7,850
16	3	Total assets. Add lines 1 through 15 (must	equal lir	e 33)	3,252,690.	16	3,446,929
17		Accounts payable and accrued expenses $_{\hdots}$			32,634.	17	41,683
18		Grants payable	600 064	18			
19		Deferred revenue			678,764.	19	745,950
20)	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Comple	ete Part	IV of Schedule D		21	
<u>s</u> 22	2	Loans and other payables to any current or					
≝		trustee, key employee, creator or founder, si					
Liabilities		controlled entity or family member of any of				22	
23		Secured mortgages and notes payable to ur				23	
24		Unsecured notes and loans payable to unre				24	
25	5	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17	24). Complete Part X			
	_	of Schedule D			711 200	25	707 622
26		Total liabilities. Add lines 17 through 25			711,398.	26	787,633
Se		Organizations that follow FASB ASC 958,	check I	nere 🕨 🔼			
وَ ا		and complete lines 27, 28, 32, and 33.			1,298,882.	07	1,121,553
<u>ga</u> 27					1,242,410.	27	1,537,743
요 28 호		Net assets with donor restrictions			1,242,410.	28	1,337,743
ᇍᅵ		Organizations that do not follow FASB AS	C 958,	cneck nere			
۵ م	,	and complete lines 29 through 33.	ada			00	
29		Capital stock or trust principal, or current fur				29	
30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 27 28 29 30 31 32		Retained earnings, endowment, accumulate			2,541,292.	31	2,659,296
l l		Total liabilities and not assets/fund balances			3,252,690.	32	3,446,929
33	,	Total liabilities and net assets/fund balances			3,232,030.	J	Form 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,59	8,8	83.
3	Revenue less expenses. Subtract line 2 from line 1	3			8,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,54	1,2	92.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7	,			
8	Prior period adjustments	8	,			
9	Other changes in net assets or fund balances (explain on Schedule O)	9				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	,65	9,2	96.
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	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 oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	udit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization COLORADO CENTER ON LAW & POLICY 84-1264154 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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 section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	ction A. Public Support	s noted below, pied	iso complete r urt	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 23 11	(0) 20 10	(0) 20 10	(3,) = 3 = 3	(6) 252 .	(1) 1010
	membership fees received. (Do not						
	include any "unusual grants.")	1701561.	1522912.	1638613.	2093400.	2705245.	9661731.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1701561.	1522912.	1638613.	2093400.	2705245.	9661731.
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)						4430715.
	Public support. Subtract line 5 from line 4.						5231016.
	ction B. Total Support	,				·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1701561.	1522912.	1638613.	2093400.	2705245.	9661731.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 400	C 100	11 040	7 221	FF2	20 (40
	and income from similar sources	3,400.	6,122.	11,242.	7,331.	553.	28,648.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						9690379.
11	• • • • • • • • • • • • • • • • • • • •	ata (aga inatruati	one)			12	<u> </u>
12 13	Gross receipts from related activities. First 5 years. If the Form 990 is for the			fourth or fifth toy			
13	organization, check this box and stop	•		,		* * * *	ightharpoonup
Sec	etion C. Computation of Publ		rcentage				·····
	Public support percentage for 2021 (<u> </u>	column (f))		14	53.98 %
	Public support percentage from 2020					15	60.75 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			=			
b	10% -facts-and-circumstances tes	-			-		
		_					
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization		-				s ▶□

Schedule A (Form 990) 2021

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(e) 2021	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst second third	fourth or fifth tax	vear as a section	I 501(c)(3) organizat	ion
••		· ·			•	. , . ,	▶ □
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage for 2021 (iii					16	
	ction D. Computation of Inves					1 10 1	70
17						17	%
18	Investment income percentage from 2					18	
	33 1/3% support tests - 2021. If the						
196	more than 33 1/3%, check this box ar						17 13 1101
L	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i intato roundationi il tile organization	i ala not onech a		a, or rob, oriect t	THE DOT WHO SEE III	J. 40110113	

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	3		
	9a		
	OI-		
	9b		
	9c		
	10a		
	10b		
ulo		~ 000	

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 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 Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting org	ganization (see			
	instructions)						

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

Dord VII	Train 600/2021
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

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

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

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

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

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

		01(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of orga				Emp	loyer identification number
			O CENTER ON LAW			84-1264154
Pa	art I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 o	organization.
2	Political	campaign activity expendit	ation's direct and indirect politic ures gn activities		▶ \$	3
Pa	rt I-B	Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the	amount of any excise tax	incurred by the organization und	der section 4955	▶\$)
2	Enter the	amount of any excise tax	incurred by organization manage	ers under section 4955	▶ \$	
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a co	orrection made?				Yes No
		describe in Part IV.				
Pa	art I-C	Complete if the org	anization is exempt und	er section 501(c),		. , , ,
			I by the filing organization for sec	•		S
2		0 0	ization's funds contributed to ot	· ·		
						<u> </u>
3			. Add lines 1 and 2. Enter here a			
	line 1/b		4400 DOL 6 H 1 0		> \$)
			1120-POL for this year?			
5	made pa	yments. For each organiza	nployer identification number (Ell tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, prov	d from the filing organized separate political orga	ation's funds. Also enter th anization, such as a separa	ne amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

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132041 11-03-21

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Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated as lobbying expenditures). aed box A and "limited control" provisions apply.	group member's nam	e, address, EIN,
Limits on Lobi	bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	22,628.	
	gislative body (direct lobbying)	46,907.	
c Total lobbying expenditures (add lines 1a and	d 1b)	69,535.	
		2,574,489.	
e Total exempt purpose expenditures (add line	es 1c and 1d)	2,644,024.	
f Lobbying nontaxable amount. Enter the amo	ount from the following table in both columns.	282,201.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% o	f line 1f)	70,550.	
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
	er line 1h or line 1i, did the organization file Form 4720	Г	
		L	Yes No
(Some organizations that made See	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all the separate instructions for lines 2a through 2f.)	of the five columns b	elow.

	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	222,484.	215,049.	230,024.	282,201.	949,758.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,424,637.
c Total lobbying expenditures	54,638.	74,797.	60,250.	69,535.	259,220.
d Grassroots nontaxable amount	55,621.	53,762.	57,506.	70,550.	237,439.
e Grassroots ceiling amount (150% of line 2d, column (e))					356,159.
f Grassroots lobbying expenditures	19,320.	25,998.	23,456.	22,628.	91,402.

Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)	(b	(b)	
of th	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Total. Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)((5), or se	ection		
	(-)(-)			Yes	No	
1	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			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year on 501(c)(? 3 (5), or se		e 3, is	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

COLORADO CENTER ON LAW & POLICY

Employer identification number 84-1264154

Pai			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1) 2 51161 1111111111111111111111111111111	(2)
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		funde
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor		
	• •		
Pai		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	-	,
·	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, 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 conserv	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	· · · · · · · · · · · · · · · · · · ·	erance of public
	service, provide in Part XIII the text of the footnote to its fina	incial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	_	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining Co	llections of A	rt, His	torical Tı	reasures,	or Othe	er Simil	ar Asse	t s (conti	nued)	<u> </u>
3	Using the organization's acquisition, accession	n, and other record	ds, chec	k any of the	following th	at make s	ignificant	use of its	5		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progr	ram					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explai	n how th	ney further t	the organizat	tion's exe	mpt purpo	ose in Pa	t XIII.		
5	During the year, did the organization solicit or r										
	to be sold to raise funds rather than to be main	ntained as part of	the orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrange								line 9, o	r	
	reported an amount on Form 990, Part 2	X, line 21.									
1a	Is the organization an agent, trustee, custodiar	n or other intermed	diary for	contributio	ns or other a	ssets not	included				
	on Form 990, Part X?								Yes		□No
b	If "Yes," explain the arrangement in Part XIII ar										
	· · ·	•	_						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. C						•				
Pai											
		(a) Current year		Prior year	(c) Two year			ears back	(e) Fou	r years	back
1a	Beginning of year balance	•		-							
	Contributions										
c	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	nt vear end haland	l re (line 1	a column (a)) held as:				<u> </u>		
a	Board designated or quasi-endowment	nt year end balane	%	g, coluini (ajj ricia as.						
b	Permanent endowment	%									
	Term endowment ▶ %	<u></u>									
·	The percentages on lines 2a, 2b, and 2c should	d equal 100%									
32	Are there endowment funds not in the possess	•	ation the	at are held s	and administ	arad for th	he organi	zation			
Ja	by:	sion of the organiz	ation the	at are rielu e	and administ	ered for ti	ne organiz	Lation		Yes	No
	•								3a(i)		
h	(ii) Related organizations	one lietod se roqui	rod on S	Schodulo P?)				. 3b		
4	Describe in Part XIII the intended uses of the o								. 30		
	t VI Land, Buildings, and Equipme		JWITIETT	iuiius.							
1 4	Complete if the organization answered		0 Part IV	/ line 11a !	See Form 99	∩ Part X	line 10				
	-					· · · · · ·		- I	(d) Doo	le velu	
	Description of property	(a) Cost or o		1	t or other (other)		ccumulate preciation	ea	(d) Boo	k valu	е
	Land	,	nent)	Dasis	(Othici)	uel	or colation				
	Land										
	Buildings					-					
	Leasehold improvements					-					
d	Equipment					-					
	Other		V ==!	mm (D) !! :	100 \	<u> </u>		_		—	0.
iota	. Add lines 1a through 1e. (Column (d) must equ	ıaı FUIIII 990, PAR	A, COIUI	тит (<i>D),</i> ште	100.)						٠.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 COLORADO CE	ENTER ON LAW &	POLICY	84-1264154 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	252 612	GO GE	
(A) CERTIFICATE OF DEPOSIT	252,612.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	252 612		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	252,612.		
Part VIII Investments - Program Related.		11 0 5 000 5 1 1 1 10	
Complete if the organization answered "Yes"	(b) Book value		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4=1		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		🕨
Part X Other Liabilities.		44 A44 O E 000 D 1 V I	0.5
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, II	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(e)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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... X

Schedule D (Form 990) 2021

(7) (8)

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenu	ie per Reti

Pai	T XI Reconciliation of Revenue per Audited Financial St	tatements with	Revenue per R	eturr	l.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,762,028.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	45,141.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	45,141.
3	Subtract line 2e from line 1			3	2,716,887.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.			5	2,716,887.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,				
1	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements			1	2,644,024.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	2,644,024.
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	45,141.	1	2,644,024.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	2,644,024.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	2,644,024.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	45,141.	1 2e	45,141.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	45,141.	2e 3	
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	45,141.		45,141.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	45,141.		45,141.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	45,141.		45,141. 2,598,883.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	45,141.		45,141.

Part XIII Supplemental Information.

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

PART X, LINE 2:

CCLP IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. CCLP IS SUBJECT TO INCOME TAX ON ANY UNRELATED BUSINESS INCOME. AS OF DECEMBER 31, 2021 AND 2020, NO UNRELATED BUSINESS INCOME WAS EARNED BY CCLP.

CCLP HAS ADOPTED THE PROVISIONS OF INCOME TAXES. IN DETERMINING THE
RECOGNITION OF UNCERTAIN TAX POSITIONS, CCLP APPLIES A

MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND DETERMINES THE MEASUREMENT
OF UNCERTAIN TAX POSITIONS CONSIDERING THE AMOUNTS AND PROBABILITIES OF
THE OUTCOMES THAT COULD BE REALIZED UPON ULTIMATE SETTLEMENT WITH TAXING
AUTHORITIES. CCLP POSITIONS TAKEN ON ITS FEDERAL TAX RETURNS FOR THE OPEN

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COLORADO CENTER ON LAW & POLICY

Employer identification number 84-1264154

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESEARCH, LEGISLATION AND LEGAL ADVOCACY. FORM 990, PART III - PROGRAM SERVICE, LINE 4A POLICY ADVOCACY - FAMILY ECONOMIC SECURITY PROGRAM THE ORGANIZATION 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 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 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

132211 11-11-21

WORKFORCE AND IMPROVE THEIR SKILLS TO GET BETTER-PAYING JOBS.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization COLORADO CENTER ON LAW & POLICY

Employer identification number 84-1264154

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.

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

LEGAL AND ADMINISTRATIVE ADVOCACY - HEALTH PROGRAM

THE ORGANIZATION OFFERS EVIDENCE-BASED SOLUTIONS TO PROMOTE PRACTICES

THAT BOTH IMPROVE FOOD SECURITY AND THE OVERALL HEALTH AND WELLBEING OF

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.

Schedule O (Form 990) 2021 Page **2**

Name of the organization COLORADO CENTER ON LAW & POLICY

Employer identification number 84-1264154

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

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

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

IN DECEMBER 2021.

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** COLORADO CENTER ON LAW & POLICY 84-1264154 FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AT WWW.GUIDESTAR.ORG AND UPON REQUEST. 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 REQUEST. FORM 990, PART VII, SECTION A, 1A AMENDED RETURN: CHANGED JONATHAN D ASHER ESQ FROM PRIOR EXECUTIVE DIRECTOR TO DIRECTOR SCHEDULE B, PART I CONTRIBUTORS AMENDED RETURN: CHANGED FORTH PORTS TO FORTH AND CHANGED THE ADDRESS FROM 789 SHERMAN STREET, SUITE 300 IN DENVER TO 2035 NW FRONT AVE, SUITE 101 IN PORTLAND.