Form	990
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### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	E Name of organization		D Employer identifie	cation number
	Addre	PUBLIC LAW CENTER			
	Name Chang	Doing business as		95-37092	53
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	  			714-541-1	
	termi ated		<b>G</b> Gross receipts \$	5,903,239.	
	Amer returr			H(a) Is this a group re	
	Appli tion				? Yes X No
	pend	<sup>ng</sup> SAME AS C ABOVE			cluded? Yes No
IT	ax-ex	empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) (	or 527		list. See instructions
		te: WWW.PUBLICLAWCENTER.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	<b>L</b> Year		State of legal domicile: CA
	art I	Summary			<u> </u>
	1	Briefly describe the organization's mission or most significant activities: PROV	IDING	FREE LEGAL S	SERVICES TO
Governance		LOW INCOME ORANGE COUNTY RESIDENTS.			
rnai	2	Check this box      if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
Nel	3	Number of voting members of the governing body (Part VI, line 1a)		3	44
	4	Number of independent voting members of the governing body (Part VI, line 1b)		44	
s S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			53
itie	6	Total number of volunteers (estimate if necessary)			805
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
¢)	8	Contributions and grants (Part VIII, line 1h)		5,154,197.	5,801,285.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,966.	1,245.	
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		105,873.	50,585.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,269,036.	5,853,115.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,758,521.	3,793,843.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)  302, 32	10.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,006,462.	876,600.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,764,983.	4,670,443.
	19	Revenue less expenses. Subtract line 18 from line 12		504,053.	1,182,672.
or			Be	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,324,595.	4,767,419.
t As: d B	21	Total liabilities (Part X, line 26)		1,070,521.	1,330,673.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		2,254,074.	3,436,746.
Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	

Signature of officer Date Sign KENNETH W. BABCOCK, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature TRITIA FOSTER P02164134 Paid self-employed Firm's name DAVIS FARR LLP Firm's EIN ▶ 47-3535842 Preparer Firm's address 18201 VON KARMAN AVE, SUITE 1100 Use Only Phone no. 949 - 474 - 2020IRVINE, CA 92612

May the IRS discuss this return with the preparer shown above? See instructions	=		
May the IRS discuss this return with the preparer shown above? See instructions			May the IDC discuss this yet we with the gueseway shows shows 0.0 as instructions
		S	May the IRS discuss this return with the preparer shown above? See instructions
	-	L	

No

X Yes

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	<u>1 990 (2021) PUBLIC LAW CENTER 95-3709253 Page 2</u>
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE PUBLIC LAW CENTER, ORANGE COUNTY'S PRO BONO LAW FIRM, IS COMMITTED
	TO PROVIDING ACCESS TO JUSTICE FOR LOW INCOME RESIDENTS. THROUGH
	VOLUNTEERS AND STAFF, THE PUBLIC LAW CENTER PROVIDES FREE CIVIL LEGAL
	SERVICES, INCLUDING COUNSELING, INDIVIDUAL REPRESENTATION, COMMUNITY
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	THE PUBLIC LAW CENTER (PLC) IS THE LARGEST BAR SPONSORED, PRO BONO
	PUBLIC INTEREST LAW FIRM IN ORANGE COUNTY. THROUGH VOLUNTEERS AND
	STAFF, THE PUBLIC LAW CENTER PROVIDES FREE CIVIL LEGAL SERVICES,
	INCLUDING COUNSELING, INDIVIDUAL REPRESENTATION, COMMUNITY EDUCATION, AND STRATEGIC LITIGATION AND ADVOCACY TO CHALLENGE SOCIETAL INJUSTICES.
	WITH A 40-YEAR HISTORY OF PROVIDING FREE LEGAL SERVICES TO ORANGE
	COUNTY'S LOW-INCOME RESIDENTS, PLC WORKS IN PARTNERSHIP WITH THE ORANGE
	COUNTY BAR ASSOCIATION, COMMUNITY LEGAL AID SOCAL, LOCAL LAW SCHOOLS
	AND OTHER COMMUNITY PARTNERS TO ENSURE BROAD ACCESS TO CIVIL JUSTICE.
	PLC'S CLIENTS MEET ELIGIBILITY CRITERIA ESTABLISHED UNDER THE BUSINESS
	& PROFESSIONS CODE SECTIONS AUTHORIZING THE STATE BAR LEGAL SERVICES
	TRUST FUND PROGRAM.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 3,026,669.
~	Form <b>990</b> (202 <sup>-</sup>
132002	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)
	2
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 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		77	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ũ	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, VII, 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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
Ŀ.	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the entry institute and office and the entry is a statistic of the United Otelan O	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>17a</u>		<u> </u>
5	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			<u> </u>
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	000	X
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 Form 990 (2021)
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 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		37	
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
<b>.</b>	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
9E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X X
		35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	330		
30		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 23
00	Nate: All Forms 000 files are required to complete Cohodulo O	38	Х	
Par				I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form	<u>990 (2021)</u> PUBLIC LAW CENTER 95-3709	253	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	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		1
	If "Yes," complete Form 6069.			
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				. /

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b       Each committee with authority to act on behalf of the governing body?       Image: Committee with authority to act on behalf of the governing body?         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address?       Image: Committee With authority to act on behalf of the governing body.         Section B. Policies       (This Section B requests information about policies not required by the Internal Revenue Code.         100       Did the organization have local chapters, branches, or affiliates?       Image: Committee With B 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?         111       114       115       115       115       116       116       117       122       118         112       114       115       116       116       118       112       118       118       118       118       118       118       118       118       118       112	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with any other			
of officers, directors, trustees, or key employees to a management company or other person?   a a   b b   b b   b b   c b   b b   c c   c c <td></td> <td>officer, director, trustee, or key employee?</td> <td></td> <td>2</td> <td></td> <td>X</td>		officer, director, trustee, or key employee?		2		X
<ul> <li>bit the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization becomes aveced units of the organization becomes aveced units of the organization becomes more to elect or appoint one or more members of the organization becoming body?</li> <li>Do the organization becoming body?</li> <li>Do the organization contemporaneously document the meetings held or withen actions undertaken during the year by the following:</li> <li>The organization contemporaneously document the meetings held or withen actions undertaken during the year by the following:</li> <li>De the organization contemporaneously document the meetings held or withen actions undertaken during the year by the following:</li> <li>De the organization contemporaneously document the meetings held or withen actions undertaken during the year by the following:</li> <li>De the organization contemporaneously document the meetings held or withen actions. Suffective D</li> <li>Detection The Diddeffect // trust: tryoride the names and addresses on Schedule D</li> <li>Detection B. Policies // trust: "tryoride the names and addresses on Schedule D</li> <li>Didd the organization have written policies and procedures governing the drivities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to revolve this form 990.</li> <li>Did the organization have written policies and procedures governing tody?</li> <li>Did wrong files, director, trustes, and key employees regurited to discless annuly invests: that could give is to conflicts?</li> <li>Did the organization have written conflict of interest policy? // ''No<sub>0</sub>, '' describe on Schedule O the proces, if any used by the organization to revolve this form 990.</li> <li>Did the organization have a written conflict of interest policy? // ''No<sub>0</sub>, '' describe on Schedule O the proces, if any used by t</li></ul>	3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			
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6       Did the organization have members or stockholders?       Image: the provide the	4			4		X
7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       Image: The power to elect or appoint one or persons other than the governing body?         8.       Did the organization networks document the meetings held or written actions undertaken during the year by the following:       Image: The governing body?         8.       Did the organization comparementsly document the meetings held or written actions undertaken during the year by the following:       Image: The governing body?         9.       Did the organization of the organization the west per polycy elisted in Part VII. Section A. who cannot be reached at the organization is mailing address? ( <i>Intesse, other year)</i> provide the names and addresses on Schedule O       Image: The governing body?         9.       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 is exempt purposes?       Image: The governing body?         10a       Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       Image: The organization have written conflict of interest policy? ( <i>I''</i> /s, 'go to line 13       Image: The governing body?         11a       Did the organization to ave a written whistleb/wer policy?       Image: The organization to ave a written whistleb/wer policy?       Image: The organization network in provemany the organization to evalue this form 990.       Image: The organization network in the organization to the di	5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
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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       b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     7b       a The governing body?     8b if the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a if the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       a The governing body?     8 if the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a if the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       B Section B. Policies ( <i>Trix Section B equasts information about policies not required by the Internal Revenue Code</i> )     9       90 Did the organization have written policies and procedures governing body before filing the form?     10a       10a Did the organization have written conflict of interst policy? ( <i>Ir Yus</i> , * governing body before filing the form?     12a if the organization have a written conflict of interst policy? ( <i>Ir Yus</i> , * governing body?     12a if the organization regularly and consistently monitor and enforce compliance with the policy? ( <i>Ir Yus</i> , * <i>describe on Schedule O Not this was done</i> 12a if the organization have a written writteleblower policy?       10 Did the organization have a written writteleblower policy?     13 if if if Yus * to line 13 or 15b, describe the process on Schedule O. See instructions. <td>7a</td> <td>Did the organization have members, stockholders, or other persons who had the power to elect or a</td> <td>ppoint one or</td> <td>70</td> <td></td> <td>x</td>	7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or	70		x
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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, ''gotide the names and addresses on Schedule O       9         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a       Did the organization have local chapters, branches, or affiliates?       10a         11a       Has the organization nave 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 nave a written conflict of interest policy? If 'No,' go to line 13       12a         12       Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done       12a         13       Did the organization have a written whisteblower policy?       13         14       Did the organization have a written document retention and destruction policy?       14         15       Did the organization have a written document retention and destruction policy?       14         14       Did the organization have a written document retention and destruction policy?       14         14       Did the organization have a written document retention and destruction policy?       15a         15       Did the organization have a written be	a h	Each committee with authority to act on behalf of the governing body?			X	
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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? <i>If *No,* go to line 13</i> 12a       12b         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       12b         c Did the organization have a written conflict of interest policy? <i>If *No,* go to line 13</i> 12b       12b         a Did the organization have a written document retention and destruction policy?       13       14         13       Did the organization have a written document retention and destruction policy?       14       2         14       Did the organization have a written document retention and destruction policy?       14       2         15       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       2         a 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?       16a         16       M* Yes,* did the organization to make its Form 990 is required to be filed ▶CA       18       18         17       List the states with which a copy of this Form 990 is required to be filed ▶CA       18       20       00 <td></td> <td></td> <td></td> <td></td> <td>v</td> <td></td>					v	
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14       Did the organization have a written document retention and destruction policy?       14       14         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?       15         a       The organization's CEO, Executive Director, or top management official       15a       2         b       Other officers or key employees of the organization       15b       15b         if "Yes," to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         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?       16a         7       List the states with which a copy of this Form 990 is required to be filed <b>CA</b> 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) ava for public inspection. Indicate how you made these available. Check all that apply.       14       14         If Wes, "addit the name, address, and telephone number of the persons who possesses the organization's books and records						
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?       15         a       The organization's CEO, Executive Director, or top management official       15a       2         b       Other officers or key employees of the organization       15b       15b         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         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?       16a         Section C. Disclosure       16b       CA         17       List the states with which a copy of this Form 990 is required to be filed ▶CA       16b         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) ava for public inspection. Indicate how you made these available. Check all that apply.       16         20       Own website       Another's website       X Upon request       Other (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       Image: Comparability data, and contemporaneous substantiation of the deliberation and decision?         a The organization's CEO, Executive Director, or top management official       Image: Comparability data, and contemporaneous substantiation of the deliberation and decision?         b Other officers or key employees of the organization       Image: Comparability during 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?       Image: Comparability 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?       Image: Comparability during the vent of the devaluate its participation in joint venture arrangements?         Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed Law and the apply.       Image: Comparability during the tax year         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) avara for public inspection. Indicate how you made these available. Check all that apply.       Image: Comparability during the tax year.         20       State the name, address, and telephone number of the person who possesses the organization's books and records       Image: Compa				14	X	
a The organization's CEO, Executive Director, or top management official       15a       2         b Other officers or key employees of the organization       15b       15b         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         b Other officers or key employees of the organization       16a       16a         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         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         Section C. Disclosure       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶CA       16b         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) ava for public inspection. Indicate how you made these available. Check all that apply.       17       18         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       10         19       Describe DAU - 714-541-1010       10       10         120006       12-09-21 <td>15</td> <td></td> <td>•</td> <td></td> <td></td> <td></td>	15		•			
<ul> <li>b Other officers or key employees of the organization</li></ul>						
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         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?       16a         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶CA       16b         18       Section 6.104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply.       Image: Check all that apply.         IX       Own website       Another's website       Image: Check all that apply.         IS       Own website       Another's website       Image: Check all that apply.         IS       Own website       Another's website       Image: Check all that apply.         IS       Own website       Another's website       Image: Check all that apply.         IS       Own website       Another's website       Image: Check all that apply.         IS       Own website       Another's website					Х	
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         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?       16a         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶CA         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) ava for public inspection. Indicate how you made these available. Check all that apply.         IX       Own website       Another's website       Image: Upon request       Other (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       MIMEE DAU - 714-541-1010       MIMEE DAU - 714-541-1010         132006       12-09-21       Kester, SANTA ANA, CA 92701       Form 99	b	Other officers or key employees of the organization		15b		X
taxable entity during the year?       16a         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?       16a         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶CA         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) ava for public inspection. Indicate how you made these available. Check all that apply.         IX       Own website       Another's website       IX       Upon request       Other (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         20       State the name, address, and telephone number of the person who possesses the organization's books and records       ▲         AIMEE DAU - 714-541-1010		If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
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         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶CA       18         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) ava for public inspection. Indicate how you made these available. Check all that apply.       Image: Comparison of the organization make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply.         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         20       State the name, address, and telephone number of the person who possesses the organization's books and records ▲         AIMEE DAU - 714-541-1010       Image: Comparison of the state o	16a			16a		x
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶CA  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) ava for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶	b	, , ,				
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<ul> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶CA</li> <li>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) ava for public inspection. Indicate how you made these available. Check all that apply.</li> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ▲</li> <li>AIMEE DAU - 714-541-1010</li> <li>601 CIVIC CENTER DR WEST, SANTA ANA, CA 92701</li> </ul>				16b		
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<ul> <li>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) available inspection. Indicate how you made these available. Check all that apply.</li> <li>I Other (explain on Schedule O)</li> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records </li> <li><u>AIMEE DAU - 714-541-1010</u></li> <li><u>601 CIVIC CENTER DR WEST, SANTA ANA, CA 92701</u></li> </ul>						
for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         20       State the name, address, and telephone number of the person who possesses the organization's books and records       ▶         AIMEE DAU - 714-541-1010       601 CIVIC CENTER DR WEST, SANTA ANA, CA 92701         Form 96			and 990-T (section $501(c)(3)$	s only)	availa	ble
<ul> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ▲</li> <li>AIMEE DAU - 714-541-1010</li> <li>601 CIVIC CENTER DR WEST, SANTA ANA, CA 92701</li> </ul>	10			o only)	avana	010
<ul> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> <li><u>AIMEE DAU - 714-541-1010</u></li> <li><u>601 CIVIC CENTER DR WEST, SANTA ANA, CA 92701</u></li> <li>132006 12-09-21</li> </ul>			in an Schadula ()			
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 <u>AIMEE DAU - 714-541-1010</u> <u>601 CIVIC CENTER DR WEST, SANTA ANA, CA 92701</u> 132006 12-09-21 Form 95	10	(- )	,	d finan	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records ► <u>AIMEE DAU - 714-541-1010</u> 601 CIVIC CENTER DR WEST, SANTA ANA, CA 92701 132006 12-09-21 Form 95	19		ormict of interest policy, an	u illiano	lai	
AIMEE DAU - 714-541-1010 601 CIVIC CENTER DR WEST, SANTA ANA, CA 92701 132006 12-09-21 Form 99	00					
601 CIVIC CENTER DR WEST, SANTA ANA, CA 92701 132006 12-09-21 Form 96 6	20		oks and records			
132006 12-09-21 Form <b>9</b> 9						
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	μ	103 143012 03330Q ZUZI-03000 PUBLIC I	IAW CENTER		03	53

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Part VI	Governance, Management, a	and Disclosure.	For each "Yes" response to lines 2 through 7b below, and for a "No" res	ponse

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

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

**b** Enter the number of voting members included on line 1a, above, who are independent

Section A. Governing Body and Management

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form 990 (2021)

44

44

1a

1b

X

Q\_1

Yes No

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Part VII	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.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per		not c	heck	more	than c		Reportable compensation	Reportable compensation	Estimated amount of
	week					s both r/trust		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	Ð			ited		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com /ee		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KENNETH BABCOCK	50.00				Ť	1 e	ш.			
EXECUTIVE DIRECTOR		1		х				200,580.	0.	8,610.
(2) CATHERINE OGILVIE	40.00									
DIRECTOR OF OPERATIONS						X		142,486.	0.	19,200.
(3) LEIGH FERRIN	50.00									
DIRECTOR OF PRO BONO & LITIGATION						X		128,969.	0.	5,981.
(4) UGOCHI ANAEBERE-NICHOLSON	40.00									
DIRECTING ATTORNEY-HOUSING UNIT						X		106,891.	0.	13,369.
(5) BRIAN B. FARRELL	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) CHRISTY LEA	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) NICOLE WHYTE	1.00									-
SECRETARY/TREASURER		х		Х				0.	0.	0.
(8) DEBORAH MALLGRAVE	1.00									-
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(9) AMY CHEN	1.00									•
DIRECTOR	1	Х						0.	0.	0.
(10) JOSEPH L. CHAIREZ	1.00									•
DIRECTOR	1 0 0	Х						0.	0.	0.
(11) CESAR COVARRUBIAS	1.00									0
DIRECTOR	1 00	Х			<u> </u>			0.	0.	0.
(12) TARA COWELL	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) DOUGLAS J. DIXON	1.00	x						0.	0.	0
DIRECTOR (14) ERIC M. DOMINGUEZ	1 00	~						0.	0.	0.
	1.00	x						0.	0.	<u>م</u>
DIRECTOR (15) SAMANTHA E. DOREY	1.00	^			-			U.	0.	0.
DIRECTOR	<b>1.00</b>	х						0.	0.	0.
(16) MAYA K. DUNNE	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(17) MARK ERICKSON	1.00								0.	<u></u>
DIRECTOR		х						0.	0.	0.
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132007 12-09-21

Form	990	(2021)

PUBLIC LAW CENTER

Part VII	Section A. Officers, Directors, Tru	istees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	(-1-		Pos				Reportable Reportable			Es	stimate	əd
		hours per	box	, unles	ss per	rson i	than d is both	n an	compensation	compensatior	ר ו	an	nount	of
		week	offi	cer an	d a di	irecto	or/trus	tee)	from	from related			other	
		(list any	ector						the	organizations	;	com	pensa	ation
		hours for	r dire				ted		organization	(W-2/1099-MIS	C/	fr	om th	e
		related	stee c	ruste			Densa		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		organizations	al tru	onal t		loyee	com l		1099-NEC)				d relat	
		below line)	Individual trustee or director	nstitutional trustee	Officer	em p	Highest compensated employee	Former				orga	anizati	ons
		,	ц Ц	- Si	0ff	Key	E, E	요			$\rightarrow$			
	HAEL G. ERMER	1.00												
DIRECTOR			Х						0.		0.			0.
(19) GIA	LISA GAFFANEY	1.00												
DIRECTOR			Х						0.		0.			0.
(20) NOR	MA GARCIA GUILLEN	1.00												
DIRECTOR			Х						0.		0.			0.
(21) JOS	E GONZALEZ	1.00												
DIRECTOR			x						0.		0.			0.
(22) RIC	HARD J. GRABOWSKI	1.00									_			
DIRECTOR			x						0.		0.			0.
	EY JOHNSON	1.00									<u> </u>			
DIRECTOR		1.00	х						0.		0.			0.
	HELE D. JOHNSON	1.00	~				-		0.		<u>••</u>			0.
		1.00	77						0					0
DIRECTOR		1 0 0	Х				-		0.		0.			0.
	DY H. KIM	1.00												•
DIRECTOR			х						0.		0.			0.
	NIFER L. KOH	1.00												
DIRECTOR			Х						0.		0.			0.
1b Subt	total								578,926.		0.	4	7,1	
c Tota	I from continuation sheets to Part	VII, Section A							0.		0.			0.
d Tota	I (add lines 1b and 1c)				<u></u>				578,926.		0.		7,1	<u>60.</u>
	I number of individuals (including but							o re	eceived more than \$100,	000 of reportable				
com	pensation from the organization													4
													Yes	No
3 Did t	he organization list any former office	er, director, trust	ee, k	key e	mpl	ove	e, or	hig	hest compensated empl	oyee on	ſ			
	1a? If "Yes," complete Schedule J for											3		X
	any individual listed on line 1a, is the													
	related organizations greater than \$1											4	Х	
	any person listed on line 1a receive o													
	ered to the organization? If "Yes." co	•										5		x
	3. Independent Contractors	mplete Scheaule	JT	or su	icn į	bers	ion .					5		- 23
	•								• • • • • • • • • • • • • • • • • • •	100.000 of comm				
	plete this table for your five highest o	-									ensat		)[[]	
the c	organization. Report compensation fo	r the calendar ye	ear e	enair	ig w	ith c	or wi	tnin		ear.				
	(A) Name and busines	s addross	37/						<b>(B)</b> Description of s	onvicos	C	<b>(C</b>	ز) nsatio	n
	Name and Busines	55 2001655	INC	ONE	5			_	Description of s	er vices			Isatio	
								_						
								_						
								$\neg$						
2 Tota	I number of independent contractors	(including but n	ot lir	nitec	d to t			ted	above) who received mo	ore than				
\$100	),000 of compensation from the orga	nization 🕨				(	)							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and High								compensated Employe	es (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours	(C	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					a		from the	from related	other compensation
	(list any	tor				plo ye		organization	organizations (W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(112,1000 11100)	organization
	related	tee or	istee			ensate		(		and related
	organizations	I trus	nal tri		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	Ind	Inst	Offi	Key	Hig	For			
(27) PHILIP D. KOHN	1.00									
DIRECTOR	1.00	х						0.	0.	0
28) KARLA KRAFT	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0
(29) DARYL S. LANDY	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0
(30) SAMARAH MAHMOUD	1.00							0	0	0
DIRECTOR	1.00	Х						0.	0.	0
(31) AARON J. MALO DIRECTOR	1.00	x						0.	0.	0
(32) THOMAS A. MANAKIDES	1.00		-					0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
(33) ADRIANNE MARSHACK	1.00							0.	0•	0
DIRECTOR	1.00	x						0.	0.	0
(34) CHRISTOPHER H. MCGRATH	1.00								0.	0
DIRECTOR	1.00	x						0.	0.	0
(35) JOEL S. MILIBAND	1.00									
DIRECTOR	1000	x						0.	0.	0
(36) DINA M. RANDAZZO	1.00									
DIRECTOR		x						0.	0.	0
(37) CHARLA SUE RILEY	1.00	<u> </u>								
DIRECTOR		x						0.	0.	0
(38) DANIEL S. ROBINSON	1.00									
DIRECTOR		x						0.	0.	0
(39) DANIEL S. SCHNEIDER	1.00									
DIRECTOR		х						0.	0.	0
(40) SEAN M. SHERLOCK	1.00									
DIRECTOR		х						0.	Ο.	0
(41) CHAHIRA SOLH	1.00									
DIRECTOR		Х						0.	Ο.	0
(42) YOLANDA TORRES	1.00									
DIRECTOR		Х						0.	0.	0
43) NICOLE VANDERLAAN SMITH	1.00									
DIRECTOR		Х						0.	0.	0
(44) TONY WANG	1.00									
DIRECTOR		Х						0.	0.	0
(45) DARRELL P. WHITE	1.00									
DIRECTOR		Х						0.	0.	0
(46) MARC J. WINTHROP	1.00									
DIRECTOR		Х						0.	0.	0

Form 990 PUBLIC LA									95-370	9253
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	I		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				am plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e			ated 6		(W-2/1099-MISC)		organization
	related	istee	truste		æ	pens				and related
	organizations	Jal tru	ional		ploye	tcom				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ē	Ë	of	Å	Ξ	Б			
(47) KRISTOPHER R. WOOD	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(48) CHRISTINA M. ZABAT-FRAN	1.00	v						0	0	0
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		-								
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u> .	<u></u> .		<u></u> .	<u></u>			

132201 04-01-21

Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d f g	Related organizations       1d         Government grants (contributions)       1e       3,         All other contributions, gifts, grants, and similar amounts not included above       1f       1,         Noncash contributions included in lines 1a-1f       1g \$       1g \$	Business Code	5,801,285.			
am S even		d						
ogr		е						
д			All other program service revenue					
	3		Total. Add lines 2a-2f Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p	est, and	1,245.			1,245.
	5		Royalties	<b>&gt;</b>				
	6	b	(i) Real           Gross rents         6a           Less: rental expenses         6b           Rental income or (loss)         6c	(ii) Personal				
			Net rental income or (loss)	►				
	7		Gross amount from sales of assets other than inventory <b>7a</b>	(ii) Other				
Revenue			Less: cost or other basis and sales expenses					
Jeve			Net gain or (loss)					
Other F		а	Gross income from fundraising events (not including \$ 638,120. of contributions reported on line 1c). See Part IV, line 18 8a	34,014.				
			Less: direct expenses 8b Net income or (loss) from fundraising events	· · · ·	-16,110.			-16,110.
			Gross income from gaming activities. See Part IV, line 19		10,110.			10,110.
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	►				
	10		Gross sales of inventory, less returns					
			and allowances 10a Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
ous	11		MISCELLANEOUS	Business Code 624100	66,695.	66,695.		
lane		b						
Miscellaneous Revenue		С						
Mi			All other revenue	►	66,695.			
_	12		Total revenue. See instructions		5,853,115.	66,695.	0.	-14,865.
13200	9 12-	-09-2						Form <b>990</b> (2021)

PUBLIC LAW CENTER

Form 990 (2021)

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	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	209,191.	73,217.	73,217.	62,757.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,950,239.	1,954,211.	892,288.	103,740.
8	Pension plan accruals and contributions (include				<u> </u>
	section 401(k) and 403(b) employer contributions)	64,243.	43,958.	18,954.	1,331.
9	Other employee benefits	336,582.	218,343.	101,272.	<u>    1,331.</u> 16,967.
10	Payroll taxes	233,588.	151,365.	70,310.	11,913.
11	Fees for services (nonemployees):	•			·
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	312,976.	189,479.	45,497.	78,000.
12	Advertising and promotion				
13	Office expenses	167,875.	108,784.	50,530.	8,561.
14	Information technology				
15	Royalties				
16	Occupancy	166,389.	107,821.	50,083.	8,485.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,817.	8,817.		
20	Interest	7,213.	4,674.	2,171.	368.
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	42,732.	27,691.	12,862.	2,179.
23	Insurance	32,181.	20,853.	9,686.	1,642.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
	LIBRARY	64,734.	64,734.		
b	DUES & SUBSCRIPTIONS	28,444.	18,431.	8,562.	1,451.
С	LITIGATION	21,304.	21,304.	<u> </u>	
d	OTHER	21,116.	12,987.	6,032.	2,097.
	All other expenses	2,819.	2 0 0 0 0 0 0	1 241 464	2,819.
25	Total functional expenses. Add lines 1 through 24e	4,670,443.	3,026,669.	1,341,464.	302,310.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

PUBLIC LAW CENTER 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)

(A) Total expenses

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

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**(D)** Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

132010 12-09-21

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

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Form **990** (2021)

		Check if Schedule O contains a response or not			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			462,872.	1	888,871.
	2	Savings and temporary cash investments			1,673,815.	2	2,704,632.
	3	Pledges and grants receivable, net			610,580.	3	522,791.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former of	officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
ŝts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		······  -		8	<u> </u>
◄	9				59,064.	9	63,706.
	10a	Land, buildings, and equipment: cost or other		010 444			
		basis. Complete Part VI of Schedule D	10a	918,444. 356,025.	102 064		E C 0 41 0
		Less: accumulated depreciation	10b		493,264.	10c	562,419.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			25 000	14	25 000
	15	Other assets. See Part IV, line 11			<u>25,000.</u> 3,324,595.	15	25,000. 4,767,419.
	16	Total assets. Add lines 1 through 15 (must equa			274,104.	16	310,890.
	17	Accounts payable and accrued expenses	2/4,104.	17	510,090.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20 21	Tax-exempt bond liabilities				20 21	
		Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
bilit		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			163,334.	22	153,881.
	23	Unsecured notes and loans payable to unrelated			105,554.	<u>23</u> 24	155,001.
	24 25	Other liabilities (including federal income tax, pay				24	
	20	parties, and other liabilities not included on lines					
		of Schedule D			633,083.	25	865,902,
	26	Total liabilities. Add lines 17 through 25			1,070,521.		865,902. 1,330,673.
		Organizations that follow FASB ASC 958, che	ck here	▶ X	, , . =		,
es		and complete lines 27, 28, 32, and 33.					
anc	27				1,290,275.	27	2,475,121.
Bali	28	Net assets with donor restrictions	963,799.	28	961,625.		
lpu		Organizations that do not follow FASB ASC 9					
ЪЦ		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds			29		
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated inc	-	Γ		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,254,074.	32	3,436,746.
~	33	Total liabilities and net assets/fund balances			3,324,595.	33	4,767,419.

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PUBLIC LAW CENTER

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

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Form 990 (2021) Part X Balance Sheet

Form	990 (2021) PUBLIC LAW CENTER	<u>95</u> -	3709253	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,853		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,670		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,182		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,254	<b>1,0</b>	74.
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	3,430	5 <b>,</b> 7	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				Ĺ
			Farm	agn /	(2021)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nan	ne of the organization Employer identification numbers of the organization												
Pa		PUBL	IC LAW CEN	TER				9	5-3709253				
		Reason for Public (					See instruction	S.					
	organi	zation is not a private found											
1		A church, convention of ch				on 170(b)( <sup>-</sup>	1)(A)(i).						
2		A school described in sect		-									
3		A hospital or a cooperative					-						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in				
_		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local gov	-										
7	X												
-		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		<ul> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college</li> </ul>											
9			•			-		-	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or				
10		university:	lly reacives (1) mare	than 22 1/20/ of its sum	art from a	ontribution	a mambarah	in face an	d areas ressints from				
10		An organization that norma											
		activities related to its exer		-					•				
		income and unrelated busir See section 509(a)(2). (Con		(less section 511 tax) in		ses acqui	red by the org	janization a	arter Julie 30, 1975.				
11		An organization organized a	. ,	volv to tost for public so	foty Soo	coction 50	00(2)(4)						
12		An organization organized a	•		•			rry out the	nurnoses of one or				
		more publicly supported or	•	•	•		-	•					
		lines 12a through 12d that	-										
а		<b>Type I.</b> A supporting orga	• •					-	aivina				
		the supported organization	-	-	• • • •	-							
		organization. You must o											
b		<b>Type II.</b> A supporting org	-		tion with it:	s supporte	ed organizatio	n(s), by hav	/ing				
		control or management o	-				•		-				
		organization(s). You mus			•								
с		] Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions)	). You must complete l	Part IV, Se	ctions A,	D, and E.						
d		] Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.							
f		r the number of supported of	•										
<u> </u>		vide the following information			(iv) is the ora:	anization listed	() A manual a		(a) Amount of other				
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o	-	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No							
Tota	al												

Schedule A	Eorm	000	002
Schedule A		990	1202

PUBLIC LAW CENTER

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')       3408051.4239604.4333825.5154197.5801285.22936         2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       3408051.4239604.4333825.5154197.5801285.22936         3 The value of services or facilities furnished by a governmental unit to the organization without charge       3408051.4239604.4333825.5154197.5801285.22936         4 Total. Add lines 1 through 3       3408051.4239604.4333825.5154197.5801285.22936         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceed 5% of the amount shown on line 11, column (f)       3408051.4239604.4333825.5154197.5801285.22936         Section B. Total Support       (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) TT       7 Amounts from line 4         3 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on escurities loans, rents, royatiles, and income from interest, dividends, payments received on assess activities, whether or not the business activities, etc. (see instructions)       306, 116.316, 605.130, 169.140, 943.666, 695.960, 23928         12 Gross receipts from related activities, etc. (see instructions)       12       377.4, 33228         13 First Syses. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as asction 510(c)(3) organization, check this box and stop here       12       574.         3408.051.42396.0	Se	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.')       3408051.       4239604.       4333825.       5154197.       5801285.       22936         2       Tax revenues levied for the organization's benefit and ether paid to or expended on its behalf       3408051.       4239604.       4333825.       5154197.       5801285.       22936         3       The value of services or facilities turnished by a governmental unit to the organization without change.       3408051.       4239604.       4333825.       5154197.       5801285.       22936         5       The portion of total contributions by each person (other than a governmental unit or public) supported organization) included on line 1 that exceeds 2% of the amount shown on line 11.       3408051.       4239604.       4333825.       5154197.       5801285.       22936         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (a) 2021       (f) 7.         7       Amount shown on line 11.       3408051.       4239604.       4333825.       5154197.       5801285.       22936         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (a) 2021       (f) 7.         7       Amount shown on line 14.       2439604.       4333825.       5154197.       5801285.       22936         8<	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any 'unusual grans ')       3408051.       4239604.       4333825.       5154197.       5601285.       22936         2 Tax revenues level for the organization's benefit and either paid to or expended on its behaft       3408051.       4239604.       4333825.       5154197.       5801285.       22936         3 The value of services or facilities turnished by a governmental unit to the organization without charage       3408051.       4239604.       4333825.       5154197.       5801285.       22936         3 The value organization visual charage       3408051.       4239604.       4333825.       5154197.       5801285.       22936         3 The value organization' notucide on line 1 that exceeds 2% of the amount shown on line 11.       22936       22936       22936         3 Gross income from line 4       3408051.       4239604.       4333825.       5154197.       5801285.       22936         8 Gross income from line 4.       3408051.       4239604.       4333825.       5154197.       5801285.       22936         9 Net income from line 4.       3408051.       4239604.       4333825.       5154197.       5801285.       22936         9 Net income from line 4.       3408051.       4239604.       4333825.       5154197.       5801285.       22936         9 Net income from line 4.       340	1	Gifts, grants, contributions, and						
2       Tax evenues levid for the organization'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         3       The value of services or facilities furnished by a governmental unit to the organization without charge         4       Total. Add lines 1 through 3         3       Total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceede 25% of the amount shown on line 11, column (f)         6       Public support. Solvective 5 ton line 4         3       108 2017         6       Forsis income from intreest, divided a surves and solvection form similar sources and solvection form sindiar sources sources sources and solvection form similar sources		membership fees received. (Do not						
ization's benefit and either paid to or expended on its behalf       image: statistics of statistics turnished by a governmental unit to the organization without charge in the post 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)       3408051. 4239604. 4333825. 5154197. 5801285. 22936         6 Public support, Structures too the total account shown on line 11, column (f)       3408051. 4239604. 4333825. 5154197. 5801285. 22936         7 Amounts from line 4       image: structures too the total account shown on line 11, column (f)       image: structures too securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payment sealed capital asets (Explain in Part VI)       306, 116. 316, 605. 130, 169. 140, 943. 66, 695. 960, 23928         10 Other income. Do not include gain or loss receipts from related activities, etc. (see instructions)       12       574, 13         11 Total support 4 Public support precreategor force201		include any "unusual grants.")	3408051.	4239604.	4333825.	5154197.	5801285.	22936962.
or expended on its behalt       3       The value of services or facilities furnished by a governmental unit to the organization without charge         4       Total. Add lines 1 through 3       3408051. 4239604. 4333825. 5154197. 5801285. 22936         5       The protion 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)       3408051. 4239604. 4333825. 5154197. 5801285. 22936         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (f) Transmitter the two the text exceeds 2% of the amount shown on line 11, column (f)       3408051. 4239604. 4333825. 5154197. 5801285. 22936         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (f) Transmitter text exceeds 2% of the amount shown on line 11, column (f)       3408051. 4239604. 4333825. 5154197. 5801285. 22936         Gender year (or fisel year beginning in) Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (f) Transmitter exceeds 2% of the amount shown on the state set (c) and income from similar sources at (c) and in Part Vi)       306, 116. 316, 605. 130, 169. 140, 943. 66, 695. 960, 23928         12       Tortal support. Add lines 7 through 10       23928       22928 <td< td=""><td>2</td><td>Tax revenues levied for the organ-</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	2	Tax revenues levied for the organ-						
3       The value of services or facilities furmished by a governmental unit to the organization (https://dx.argon.eta)       3408051.4239604.4333825.5154197.5801285.22936         4       Total. Add lines 1 through 3       5       The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       6       Public support. Statust the 5 from line.1         22936       Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) T.         7       Amounts from line 4       3408051.4239604.4333825.5154197.5801285.22936       8       Gives from the state of class and the state and class and the class and close of the class and the class and close of the class and the state and class and the state and class and the class and the class and class and the state and class and the class and the class and clas		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 4       3408051. 4239604. 4333825. 5154197. 5801285. 22936         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)       3408051. 4239604. 4333825. 5154197. 5801285. 22936         5       Tetal. Adds (so ther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       22936         5       Tetal. Support       3408051. 4239604. 4333825. 5154197. 5801285. 22936         5       Tetal grap toginning in ) ►       3408051. 4239604. 4333825. 5154197. 5801285. 22936         8       Gross income from interest, dividends, payments received on securities loans, rents, royatles, and income from interest, dividends, support. Add lines 7 through to the sincome. Do not include gain or loss from the sale of capital assets (Explain in Part V).       306, 116. 316, 605. 130, 169. 140, 943. 66, 695. 960, 23928         12       Total support. Add lines 7 through to the support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       12       574. 574. 574. 574. 574. 575. 575. 575.		or expended on its behalf						
the organization without charge       3408051.       4239604.       4333825.       5154197.       5801285.       22936         the perion 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)       22936       22936         Section B. Total Support.       States the form ine 4.       22936         Section B. Total Support.       3408051.       4239604.       4333825.       5154197.       5801285.       22936         Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on securities is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI), mutual 306,116.       316,605.       130,169.       140,943.       66,695.       960, 23928         12       Gross receipts from related activities, etc. (see instructions)       12       574, 50       574, 50         13       First 5 support tercentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       95.8 (15)       94.9         14       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       95.8 (15)       94.9	3	The value of services or facilities						
4 Total. Add lines 1 through 3       3408051.       4239604.       4333825.       5154197.       5801285.       22936         5 The portion of total contributions by each person (dher than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       22936         6 Public support. Subset line 5 from line 4       22936         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) T         7 Amounts from line 4       3408051.       4239604.       4333825.       5154197.       5801285.       22936         3 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources.       204.       281.       20, 213.       8, 966.       1, 245.       30,         9 Net income from unrelated business activities, whether or not the business is regularly carried on 10       306, 116.       316, 605.       130, 169.       140, 943.       66, 695.       960,         11 Total support. Add lines 7 through 10       306, 116.       316, 605.       130, 169.       140, 943.       66, 695.       960,         12 Gross receipts from related activities, etc. (see instructions)       12       574.         13 First 5 years. It the form 300 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3		furnished by a governmental unit to						
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)       22936         Section B. Total Support       22936         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) T.         7       Amounts from line 4       3408051.       4239604.       4333825.       5154197.       5801285.       22936         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from unrelated business activities, whether or not the business is regularly carried on ro loss from the sale of capital assets (Explain in Part VI)       306,116.       316,605.       130,169.       140,943.       66,695.       960, 23928         12       Cross receipts from related activities, etc. (see instructions)       12       574.         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage       14       95.8         14       Public support percentage from 2020 Schedum (P, divided by line 11, column (f))       14       95.8         15       Public support percentage from 2020 Schedum (A, Part II, line 14       15.9       14.9		the organization without charge						
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)	4	Total. Add lines 1 through 3	3408051.	4239604.	4333825.	5154197.	5801285.	22936962.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       22936         9 Public support. Subtract line 5 from line 4       22936         Section B. Total Support       3408051. 4239604. 4333825. 5154197. 5801285. 22936         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       204. 281. 20,213. 8,966. 1,245. 30,         9 Net income from unrelated business activities, whether or no the business is regularly carried on or loss from the sale of capital assest (Explain in Part VI)       306,116. 316,605. 130,169. 140,943. 66,695. 960,         11 Total support. Add lines 7 through 10       23928         2 Gross receipts from related activities, etc. (see instructions)       12         12 Gross receipts from related activities, etc. (see instructions)       12         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       95.8         15 Public support percentage for 2020 Schedule A, Part II, line 14       15 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The or	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       22936         6 Public support. Subtract the 6 form line 4.       22936         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) for 3408051.       (f) 233825.       5154197.       5801285.22936         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       306,116.       316,605.       130,169.       140,943.       66,695.       960, 23928         12       574.         13 First Syears. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section S010(c)0 organization, check this box and stop here.       14       95.8         14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (fi)       14       95.8         13 Jifs vapport percentage for 2021 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dualifies as a publicly supported organization         14 Public support percentage for 2021. If the organization did not check tax on line 13 or 16a, and line 14 is 10%, or more, and if the organization qualifies as a publicly supported organization         15 31 1/3% support test - 2020. If the organization did no		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       22936         6 Public support. Subtractive 5 from line 4       22936         Section B. Total Support       3408051.4239604.4333825.5154197.5801285.22936         8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources.       204.281.20,213.8,966.1,245.30,         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI).       306,116.316,605.130,169.140,943.666,695.960,         11 Total support. Add lines 7 through 10       306,116.4316,605.130,169.140,943.666,695.960,       23928         12 Gross receipts from related activities, etc. (see instructions)       12       574,         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage       14       94.9         16 31/3% support test - 2020. If the organization id not check the box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization         16 33 1/3% support test - 2020. If the organization did not check the box on line 13 or 16a, and line 14 is 135 1/3% or more, check this box and stop here. Explain in Part VI how the organization did not check the box on line 13, 1		governmental unit or publicly						
amount shown on line 11, column (f)       22936         6       Public support. Support.       22936         Section B. Total Support       3408051.       4239604.       4333825.       5154197.       5801285.       22936         Gaindary year (or fiscal year beginning in)       3408051.       4239604.       4333825.       5154197.       5801285.       22936         Gaindary year (or fiscal year beginning in)       3408051.       4239604.       4333825.       5154197.       5801285.       22936         Gaindary year (or fiscal year beginning in)       3408051.       4239604.       4333825.       5154197.       5801285.       22936         Gaindary year (or fiscal year beginning in)       306,116.       316,605.       130,169.       140,943.       66,695.       960,         9       Net income from initrated activities, and income from initrated activities, etc. (see instructions)       12       23928         12       forsa receipts from related activities, etc. (see instructions)       12       574,         13       First 5 years. If the Form 900 is for the organization first, second, third, fourth, or fifth tax years a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage       14       95.8         14       Public support test - 2021. If th		supported organization) included						
column (f)       6       Public support. Subtract line 5 from line 4.       22936         Section B. Total Support       Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Tr.         7       Amounts from line 4       3408051.       4239604.       4333825.       5154197.       5801285.       22936         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.       204.       281.       20,213.       8,966.       1,245.       30,         9       Net income from nurrelated business activities, whether or not the business is regularly carried on in load to a securities.       204.       281.       20,213.       8,966.       1,245.       30,         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       306,116.       316,605.       130,169.       140,943.       66,695.       960,         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       12       574,         14       Public support test - 2021. If the organization did not check the box on line 13, and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly support dorganization		on line 1 that exceeds 2% of the						
6       Public support. Subtract line 3 toom line 4.       22936         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) for         A mounts from line 4       3408051.       4239604.       4333825.       5154197.       5801285.       22936         8       Gross income from initerest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       204.       281.       20,213.       8,966.       1,245.       30,         9       Net income from initiar sources       204.       281.       20,213.       8,966.       1,245.       30,         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       306,116.       316,605.       130,169.       140,943.       66,695.       960,         12       574,       3       5       Public support test or moleade activities, etc. (see instructions)       12       574,         13       First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       Section C. Computation of Public Support Percentage         14       Public support test - 2021. If the organization did not check a box on line 13, and li		amount shown on line 11,						
Section B. Total Support         Calendar year (or fiscal year beginning in) T         7 Amounts from line 4       3408051.4239604.4333825.5154197.5801285.22936         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       204.281.20,213.8,966.1,245.300,         9 Net income from unrelated business activities, whether or not the business is regularly carried on income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       306,116.316,605.130,169.140,943.66,695.960,         11 Total support. Add lines 7 through 10       205,116.316,605.130,169.140,943.66,695.960,       23928         2 Gross receipts from related activities, etc. (see instructions)       12       574,         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       95.8         14 Public support test - 2021. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13 1/3% support test - 2021. If the organization did not check a box on line 13, 16a, or 18b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. check this box and stop here. The organization qualifies as a publicly supported 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 did not check a box on line 13		column (f)						
Section B. Total Support         Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Tr.         7 Amounts from line 4       3408051. 4239604. 4333825. 5154197. 5801285. 22936         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       204. 281. 20, 213. 8, 966. 1, 245. 30,         9 Net income from unrelated business activities, whether or not the business is regularly carried on the sale of capital assets (Explain in Part VI.)       306, 116. 316, 605. 130, 169. 140, 943. 66, 695. 960,         11 Total support. Add lines 7 through 10       205, 116. 316, 605. 130, 169. 140, 943. 66, 695. 960,         12 Cross receipts from related activities, etc. (see instructions)       12 574,         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         26 does not not lock of the organization (f), divided by line 11, column (f)       14 95.8         14 Public support percentage for 2021 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         16a 33 1/3% support test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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. cheorganization did not check a box on line 13, 16a, or 17a	6	Public support, Subtract line 5 from line 4.						22936962.
7       Amounts from line 4       3408051.       4239604.       4333825.       5154197.       5801285.       22936         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on       204.       281.       20,213.       8,966.       1,245.       30,         9       Net income from unrelated business activities, whether or not the business is regularly carried on       306,116.       316,605.       130,169.       140,943.       66,695.       960,         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       306,116.       316,605.       130,169.       140,943.       66,695.       960,         11       Total support. Add lines 7 through 10       23928       23928       23928         2       Gross receipts from related activities, etc. (see instructions)       12       574,         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 5010(c)(3)         organization, check this box and stop here       59       940.9         14       Public support percentage from 2020 Schedule A, Part II, line 14       14       95.8         15       Public support test - 2021. If the organization did not check a box on line 13,								•
7       Amounts from line 4       3408051.       4239604.       4333825.       5154197.       5801285.       22936         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on       204.       281.       20,213.       8,966.       1,245.       30,         9       Net income from unrelated business activities, whether or not the business is regularly carried on       306,116.       316,605.       130,169.       140,943.       66,695.       960,         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       306,116.       316,605.       130,169.       140,943.       66,695.       960,         11       Total support. Add lines 7 through 10       23928       23928       23928         2       Gross receipts from related activities, etc. (see instructions)       12       574,         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 5010(c)(3)         organization, check this box and stop here       59       940.9         14       Public support percentage from 2020 Schedule A, Part II, line 14       14       95.8         15       Public support test - 2021. If the organization did not check a box on line 13,	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       204.       281.       20,213.       8,966.       1,245.       30,         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       306,116.       316,605.       130,169.       140,943.       66,695.       960,         11       Total support. Add lines 7 through 10       306,116.       316,605.       130,169.       140,943.       66,695.       960,         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage       14       95.8         14       Public support percentage foro 2020 Schedule A, Part II, line 14       15       94.9         16       31/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17       10% -facts-and-circumstances test - 2021. If the organization and stop here. The organization qualifies as a publicly supported organization         17       10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organiz						5154197.	5801285.	
securities loans, rents, royalties, and income from similar sources       204.       281.       20,213.       8,966.       1,245.       30,         9       Net income from unrelated business activities, whether or not the business is regularly carried on       10       1.245.       30,         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       306,116.       316,605.       130,169.       140,943.       66,695.       960,         11       Total support. Add lines 7 through 10       306,116.       316,605.       130,169.       140,943.       66,695.       960,         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       23928         Section C. Computation of Public Support Percentage       14       95.8         14       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       95.8         15       Public support percentage for 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly suported organization	-							
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<ul> <li>16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>					.,,			94.99 %
<ul> <li>stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a 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</li> </ul>								
<ul> <li>b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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</li> <li>b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>	100							N V
<ul> <li>and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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</li> <li>b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>	ŀ			-				······································
<ul> <li>17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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</li> <li>b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>								
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<ul> <li>meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 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</li> </ul>								
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more, and if the organization meets the facts and circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization	ŀ							
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	L.							
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Schedule A (Form 99)					.,,,			

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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
	Amounts from line 6						
10 <i>a</i>	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 assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			1			
14	First 5 years. If the Form 990 is for the	•					·
0-	check this box and stop here	• 0					
	tion C. Computation of Public						
	Public support percentage for 2021 (I			.,,		15	%
	Public support percentage from 2020 ction D. Computation of Invest					16	%
	•			····· 10 ····· (0)			
	Investment income percentage for <b>20</b> Investment income percentage from		- · · · · · · · · · · · ·			17	<u> </u>
	33 1/3% support tests - 2021. If the			on line 14 and lin			
150	more than 33 1/3%, check this box a						
Ь	33 1/3% support tests - 2020. If the	-	-		•••••		►□
L.	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 01-04-22	and not oneon a	<u>557 61 mile 14, 13</u>	a, or rob, oneon t			dule A (Form 990) 2021
10202			17	,		Conet	

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Yes No

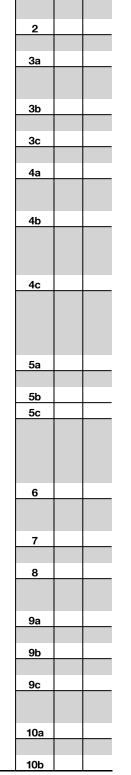
### Part IV Supporting Organizations

(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.)

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Schedule A (Form 990) 2021

	Supporting Organ	izations (con	tinued)	
Schedule A	(Form 990) 2021	PUBLIC	LAW	CENTER

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>	
	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.	
2		
	organization(s) that operated supervised or controlled the supporting organization? If "Ves." explain in	í –

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

### Section D. All Type III Supporting Organizations

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

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

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organization		legial Fait Test during the y	

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a go	overnmental entity (see instruction <u>s).</u>
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

Schedule A (Form 990) 2021

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1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mu	ist complete	(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		
Sec	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		
	Fair market value of other non-exempt-use assets	1c		
	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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

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 Schedule A (Form 990) 2021
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
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_	dule A (Form 990) 2021 PUBLIC LAW CE			9	5-3709253 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	[
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(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				
	From 2017				
c	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D.				
•	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
5	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, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	PUBLIC	C LAW	CENTER
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect Section D, lines 5, 6 (See instructions.)	lines 1, 2, 3b, 3c, 4l ion D, lines 2 and 3	o, 4c, 5a, ; Part IV, \$	6, 9a, 9b, 9c, Section E, line

Part VI	Supplemental Information	<ul> <li>Provide the explanations</li> </ul>	required by Part II, line	10; Part II, line 17a or 17	b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and P	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, nd 3; Part IV, Section E, lin art V, Section E, lines 2, 5,	11a, 11b, and 11c; Par es 1c, 2a, 2b, 3a, and 3l and 6. Also complete th	t IV, Section B, lines 1 ar b; Part V, line 1; Part V, S his part for any additional	nd 2; Part IV, Section C, Section B, line 1e; Part V, information.
	(See instructions.)				
132028 01-04-2	22		22		Schedule A (Form 990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organizatio

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## Schedule of Contributors

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

2021

Employer identification number

95-3709253

PUBLIC	 
the organization	

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2021)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>206,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>507,600.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>183,366.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>120,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>120,000.</u>	Person X Payroll Noncash (Complete Part II for

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

Part I

PUBLIC LAW CENTER

Employer identification number

95-3709253

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17031109 149072 83938Q

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    7                                </u>		\$1,473,371.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    8                                </u>		\$156,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$539,877.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   10                                 </u>		\$416,767.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11-21		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

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

(b)

PUBLIC LAW CENTER

Name of organization

Part I

(a)

Employer identification number

(d)

95-3709253

(c)

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PUBLIC	C LAW CENTER		95-3709253
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021) Name of organization

Name of o	organization		Employer identification number					
PIIRI.T	C LAW CENTER		95-3709253					
Part III	Exclusively religious, charitable, etc., contribu		on 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	s for the year. (Enter this info. once.) S					
(a) No.	Use duplicate copies of Part III if additiona	l space is needed.	1					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	_					
		(c) munisier of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from			(d) Deceriation of how sift is hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
·	(e) Transfer of gift							
-			<b>.</b>					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			_					
		(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Relat						
123454 11-11	1-21	27	Schedule B (Form 990) (2021)					

### 17031109 149072 83938Q

2021.05000 PUBLIC LAW CENTER

Department of the Treasury Internal Revenue Service							
If the organization answ	wered "Yes," or	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Campaign	Activities), then		
<ul> <li>Section 501(c)(3) org</li> </ul>	<ul> <li>Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.</li> </ul>						
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-B.			
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	e Part I-A only.					
If the organization answ	wered "Yes," or	Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, I	ine 47 (Lobbying Activities	s), then		
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that	nave filed Form 5768 (election ur	nder section 501(h)): C	omplete Part II-A. Do not co	mplete Part II-B.		
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that	nave NOT filed Form 5768 (electi	ion under section 501(I	h)): Complete Part II-B. Do r	ot complete Part II-A.		
If the organization answ	wered "Yes," or	1 Form 990, Part IV, line 5 (Prox	xy Tax) (See separate	instructions) or Form 990	EZ, Part V, line 35c (Proxy		
Tax) (See separate inst	ructions), then						
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizat	ions: Complete Part III.		1			
Name of organization				Emp	loyer identification number		
		LAW CENTER			95-3709253		
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.		
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.			
2 Political campaign	activity expendit	ures		►	\$		
3 Volunteer hours for	political campai	gn activities					
Daut I D Comm		oningtion is available und	er eestien EO1(e)	2)			
-		anization is exempt und		-			
		incurred by the organization und		Þ			
		incurred by organization manage					
		n 4955 tax, did it file Form 4720					
					Yes No		
b If "Yes," describe in		anization is exempt und	or contion 501(a)	avaant contian 501/	N/2)		
-		•					
		by the filing organization for sec			۶		
	0 0	ization's funds contributed to ot	0		•		
					۶		
		. Add lines 1 and 2. Enter here a		,	•		
		<b>1120-POL</b> for this year?					
		nployer identification number (Ell	, ,	•			
		tion listed, enter the amount pair omptly and directly delivered to a					
		additional space is needed, prov		· ·	te segregated fund of a		
··					(a) Amount of political		
<b>(a)</b> Name	5	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and		
				funds. If none, enter -0	promptly and directly		
					delivered to a separate political organization.		
					If none, enter -0		
		1	1	1			

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

Schedule C (Form 990) 2021

132041 11-03-21

### 28 2021.05000 PUBLIC LAW CENTER

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

2021

SCHEDULE C	
(Form 990)	

	PUBLIC LAW (			95-3	709253 Page 2
Part II-A Complete if the orga section 501(h)).	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	ion belongs to an affili	ated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
	e of excess lobbying ex		· · · · · ·		
	, ,	d "limited control" prov	visions apply.		
Limit	s on Lobbying Expen itures" means amour	ditures		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (g	rassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ			-	3,079.	
c Total lobbying expenditures (add lin				3,079.	
d Other exempt purpose expenditure				4,670,443.	
e Total exempt purpose expenditures				4,673,522.	
f_Lobbying nontaxable amount. Enter				383,676.	
If the amount on line 1e, column (a) or		ying nontaxable amo			
Not over \$500,000		ne amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,000	) plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50		) plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		) plus 5% of the exces			
Over \$17,000,000	\$1.000.0				
g Grassroots nontaxable amount (ent	er 25% of line 1f)			95,919.	
h Subtract line 1g from line 1a. If zero	aulass antes 0			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zero					
reporting section 4911 tax for this y	ear?				Yes No
	4-Year Ave	raging Period Under S	Section 501(h)		
(Some organizations th		1(h) election do not h te instructions for line	•	f the five columns be	low.
	Lobbying Expen	ditures During 4-Year	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
2a Lobbying nontaxable amount	347,909.	360,557.	388,249.	383,676.	1,480,391.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,220,587.
c Total lobbying expenditures	11,032.	4,111.	5,648.	3,079.	23,870.
d Grassroots nontaxable amount	86,977.	90,139.	97,062.	95,919.	370,097.
e Grassroots ceiling amount (150% of line 2d, column (e))					555,146
f Grassroots lobbying expenditures					
				Schedu	le C (Form 990) 202

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
-	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	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?	> E01(a)(E)		tion	
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1(0)(5)	, or sec		
	301(6)(0).			Yes	No
4	Mara autostantially all (000) as mara) dues respired pendadustible by members?		1	163	
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 of less?		2		
_	t III-B Complete if the organization is exempt under section 501(c)(4), section		-	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3. is
	answered "Yes."		-,	,	-,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D (Form 990)	Complete if the org	al Financial Statement ganization answered "Yes" on Form 99 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	0,					
Department of the Treasury Internal Revenue Service		► Attach to Form 990. ■ Attach to Form 990.						
Name of the organizat	ion							
	PUBLIC LAW CENTER							
Part I Organiz	ations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or A					
organizati	on answered "Yes" on Form 990, Part IV, li	ne 6.						
		(a) Donor advised funds						
1 Total number at a	and of year							

#### 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). 1 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No \_\_\_\_\_ [ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21

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### 17031109 149072 83938Q

2021.05000 PUBLIC LAW CENTER

OMB No. 1545-0047

Inspection

Employer identification number 95 - 3709253

or Accounts. Complete if the

(b) Funds and other accounts

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued)         3       Using the organization accussion, and other records, check any of the following that make significant use of its contexture of the organization accussion, and other records, check any of the following that make significant use of its contexture of the organization accussion, and other records, check any of the following that make significant use of its contexture of the organization accussion, and other records, check any of the following that make significant use of its contexture of the organization accussion, and other records, check any of the following that make significant use of its contexture of the organization accussed.         4       Provide acciption of the organization collection?       Ves       No         7       Provide acciption of the organization collection?       Ves       No         8       Develop example of the organization accustorial researce of the senden accussion of prom 990, Part X, line 21.       Ves       No         9       If the organization include an amount on Form 990, Part X, line 21, lor escrow or custodial account liability?       Yes       No         9       If Yes, "explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII       Provide accussion custodial account liability?       Yes       No         9       Berling balance       (a) Current Year       (b) Prior year       (c) Four years back       (d) Three years back       (e) Four years back	Sche		LAW CENTER						95-37			age <b>2</b>
collection terms (check all that apply):       a       Delta exhibition       d       Loan or exchange program         b       Scholarly research       e       Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Othe	r Similaı	<sup>-</sup> Assets	(contin	ued)	
a Public exhibition during the generations development of the organization is exempt purpose in Part XII. Complete service of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization social or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes move the sold to raise funds rather than to be maintained as part of the organization's collection? Yes move the sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 900, Part X, line 8. Is the organization analysis of the researce solution or other assets not included on Form 900, Part X, line 21. Is the organization analysis the argeneration as other assets not included on Form 900, Part X, line 21. Is the organization include an amount on Form 900, Part X, line 21, for escore or custodial account liability? Yes move the organization include an amount on Form 900, Part X, line 21, for escore or custodial account liability? Is of the organization include an amount on Form 900, Part X, line 21, for escore or custodial account liability? Is of the organization include an amount on Form 900, Part X, line 21, for escore or custodial account liability? Is of the organization analyses of the organization answered 'Yes' on Form 900, Part X, line 10. If 'Yes' availan the anagement in Part XIII end complete the organization answered 'Yes' on Form 900, Part X, line 10. If 'Yes' availan the anagement in Part XIII end complete analyses of the organization answered 'Yes' on Form 900, Part X, line 10. If 'Yes' availan the analyses of the organization answered 'Yes' on Form 900, Part X, line 10. If 'Yes' availan the anagement in Part XIII end complete analyses of the organization answered 'Yes' on Form 900,	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	t make s	ignificant ι	ise of its			
b       Scholary research       e       Other		collection items (check all that apply):										
c Preservation for future generations   4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII.   5 During the year, did the organization is collections and explain how they turbler the organization's exempt purpose in Part XIII.   6 Dering the year, did the organization is collections and explain how they turbler the organization's exempt purpose in Part XIII.   7 Person and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part K. line 9.1.   7 18   8 be genomization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21.   19 18   10 19   11 10   12 14   13 bit enganization include an amount on Form 990, Part X. line 21.   14 16   15 16   16 16   16 16   17 20   20 Dot enganization include an amount on Form 990, Part X. line 21. for escrow or custodial account liability?   21 Det for year   20 Det organization include an amount on Form 990, Part X. line 21. for escrow or custodial account liability?   21 Det organization include an amount on Form 990, Part X. line 21.   22 Det organization include an amount on Form 990, Part X. line 21. for escrow or custodial account liability?   23 Det organization include an amount on Form 990, Part X. line 21. for escrow or custodial account liability?   24 Deternion	а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9.     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     Is disting balance     Ceginning balance     Is diaditions during the year     Is degrination include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Yes     No     b if 'Yes, 'sorplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part W Endowment Funds. Complete if the organization inform 990, Part X, line 21, for year     O Provide the estimated percentage of the current year mol balance     Is degrining of year balance     Is don't method the estimated explores and the set of additions     or the respenditures for facilities     and programs     Is don't method the set organization inform 990, Part X, line 21, for escrow or custodial account liability?     Is don't method the set organization inform 990, Part X, line 21, for escrow or part M line 10.     Is don't method the organization inform 990, Part X, line 21, for escrew and porg	b	Scholarly research	е	• 🗌 C	Other							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Cutstoclial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization angement in Part XIII and complete the following table:	С	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization accellations = ["Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta is the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount         Ta is the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Image: Comparison of the organization and the organization and the organization and the organization and the year       Image: Comparison of the organization and the organization and the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Comparison of the organization and the organizati	4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ne organizatio	on's exer	npt purpos	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X (December 2014)       Ves       No         b       If "Yes," explain the arrangement in Part XII and complete the following table: <ul> <li>Amount</li> <li>additions during the year</li> <li>addition during the year addition during the explantion that ambe addition during the year of the during the year additis dure addition during the year on addition<td>5</td><td>During the year, did the organization solicit of</td><td>r receive donations o</td><td>of art, hist</td><td>torical treas</td><td>sures, or othe</td><td>er similar</td><td>assets</td><td></td><td>_</td><td></td><td>_</td></li></ul>	5	During the year, did the organization solicit of	r receive donations o	of art, hist	torical treas	sures, or othe	er similar	assets		_		_
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Detributions during the year       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for secrow or custodial account liability?       Yes       No         b       Contributions       (a) Current year       (b) Prior year (c) Two years back (c) Three years back (c) Four years back       (c) Four years back         a       Beginning of year balance       (a) Current year end balance (line 1g, column (a) held as:       a         a       Administrative expenses       (a) Contributions       (b) For years       (c) Two years back       (e) Four years back         g       End of year balance       (b) Prior yea												No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Image: Complete the complete the following table:       Image: Complete the	Par			ete if the	organizatio	n answered '	"Yes" on	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         a       Distributions during the year       1d         d       Distributions during the year       1t         d       Distributions       Complete if the organization naswered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       1the gain of year balance         i       Administrative expenses       1the organization of year balance       1the organization of year balance         i       Contributions		reported an amount on Form 990, Pa	rt X, line 21.									
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	<b>1</b> a			•					_	-		-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         b       If 'Yes, "explain the arrangement in Part XIII. Check here if the organization naws end 'Yes' on Form 990, Part IV, line 10.       Image: State									L	Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         d       Ending balance       1d         2a       Distributions during the year       1f         1d       1d       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b       If '''ese'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       and programs       a       a       a       a         c       Not investment earnings, gains, and losses       and programs       a       a       a         c       Other expenditures for facilities       and programs       a       a       a         d       Administrative expenses       a       a       a       a         g       End of year balance       %       b       b       b       a         d       Administrative expenses       a       a <th>b</th> <th>If "Yes," explain the arrangement in Part XIII</th> <th>and complete the fol</th> <th>lowing ta</th> <th>ble:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	ble:							
d Additions during the year       1d         e Distributions during the year       1e         1       1         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arangement In Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       In Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         2       Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       Board designated or quasi-endowment >										Amount		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions	С											
f       Ending balance	d											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         De If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escret and programs       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Contributions       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escret and programs       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escret and programs       Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10.         Control expenditures for facilities       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Complete if the organizations         Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as:       Board designated or quasi-endowment image: Complete if the organization for the organization for the organization by:       Image: Complete if the organizations         (i)       Unrelated organizations       Image: Complete if the organizations is endowment funds.         Describe in Part XIII the intended uses of the organization is endowment funds.       Image: Complete if the organizati	e											
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Other expenditures for facilities       (a)	f											1
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         7       Administrative expenditures for facilities       (a) Current year       (d) Control year balance       (f) Administrative expenditures for facilities       (f) Prior year       (f) Prior year </th <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ity?</td> <td> ∟</td> <td>] Yes</td> <td></td> <td>] <b>NO</b> ]</td>		-						ity?	∟	] Yes		] <b>NO</b> ]
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (b) Contributions       (c) Two years back       (c) Two years back       (e) Four years back         Ia       Beginning of year balance       (c) Two years back       (c) Two years back back       (c) Two ye												<u> </u>
1a       Beginning of year balance	I UI		-						ears hack	(e) Four	vears	hack
b       Contributions	10	Paginning of year balance	(a) Ourient year	(8)11	ior year	( <b>c)</b> 1 WO you	13 DUCK				yours	buok
c       Net investment earnings, gains, and losses	la h											
d Grants or scholarships	U O											
e       Other expenditures for facilities and programs	с d											
and programs	u											
f       Administrative expenses	e											
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         d       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         (iii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         basis (investment)       basis (other)         depreciation       263, 640.         1a       Land       263, 640.         basis (investment)       336, 360.       201, 816.         baildings       336, 360.       201, 816.         c       Leasehold improvements       226, 044.       138, 374.         d       Equipment       226, 044.       138, 374.       87												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         (i) Unrelated organizations         (ii) Related organizations         b If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investiment)       (b) Cost or other basis (other				e (line 1a	column (a)	) held as:						
b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Image: Description of property         (a) Cost or other         (b) Cost or other               Description of property <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Cost or other</li> <li>(e) Other</li> <li>(f) Accumulated</li> <li>(f) Book value</li> <li>(f) Book value</li> <li>(f) Book value</li>	- a											
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) ad(ii), are the related organization's endowment funds.</li> </ul> <ul> <li>Yes</li> <li>No</li> <li>3a(i)</li> <li>3a(i)</li> <li>3a(i)</li> <li>3a(i)</li> <li>3a(i)</li> <li>3a(i)</li> <li>3b</li> <li>(ii)</li> </ul> Percentages on lines 2a(i), are the related organization's endowment funds.           Part VI         Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other         (b) Cost or other           Description of property         (a) Cost or other         (b) Cost or other           b Buildings         336, 360.         201, 816.         134, 544.           c Leasehold improvements         226, 044.         138, 374.         87, 670.         60 ther         92, 400.         15, 835.         76, 565.	b	•		_/*								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Buildings</li> <li>(d) Cost or other cost of the cos</li></ul>	c											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)       istern of the organization site of as required on Schedule R?       Schedult B       Schedult B <t< th=""><td>-</td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	-		-									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other e Other (i) Unrelated organizations (ii) Related organizations (iii) Related organi	3a			tion that	are held ar	nd administer	red for th	ne organiza	ation			
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       263, 640.       263, 640.         b       Buildings       336, 360.       201, 816.       134, 544.         c       Leasehold improvements       226, 044.       138, 374.       87, 670.         e       Other       92, 400.       15, 835.       76, 565.			C C					Ū.		ſ	Yes	No
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       263, 640.       26		(i) Unrelated organizations								3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       263,640.       263,640.         b       Buildings       336,360.       201,816.       134,544.         c       Leasehold improvements       226,044.       138,374.       87,670.         e       Other       92,400.       15,835.       76,565.										3a(ii)		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       263,640.       263,640.         b       Buildings       336,360.       201,816.       134,544.         c       Leasehold improvements       226,044.       138,374.       87,670.         e       Other       92,400.       15,835.       76,565.	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land263,640.263,640.b Buildings336,360.201,816.134,544.c Leasehold improvements226,044.138,374.87,670.e Other92,400.15,835.76,565.	4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	nds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land263,640.263,640.263,640.b Buildings336,360.201,816.134,544.c Leasehold improvements226,044.138,374.87,670.e Other92,400.15,835.76,565.	Par	t VI Land, Buildings, and Equipm	ient.									
basis (investment)         basis (other)         depreciation           1a Land         263,640.         263,640.           b Buildings         336,360.         201,816.         134,544.           c Leasehold improvements         226,044.         138,374.         87,670.           e Other         92,400.         15,835.         76,565.		Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
b Buildings       336,360.       201,816.       134,544.         c Leasehold improvements       226,044.       138,374.       87,670.         e Other       92,400.       15,835.       76,565.	_	Description of property			• •				ed	( <b>d)</b> Bool	k value	e
b Buildings       336,360.       201,816.       134,544.         c Leasehold improvements       226,044.       138,374.       87,670.         e Other       92,400.       15,835.       76,565.	1a	Land			26	3,640.				263	3,64	10.
c Leasehold improvements         226,044.         138,374.         87,670.           d Equipment         92,400.         15,835.         76,565.								201,81	16.			
d Equipment         226,044.         138,374.         87,670.           e Other         92,400.         15,835.         76,565.	с											
e Other					22	6,044.						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	<u>e</u>											
	Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, columi	n (B), line 1	0c.)				562	2,41	L9.

Schedule D (Form 990) 2021

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Schedule D	) (Form 990	) 2021	PUBLIC	LAW	CENTER

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(A)			
(A)(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11d. See Form 990. Part X. line 15	
	Description		(b) Book value
(1)	I		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	····· ►	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			100 001
(2) DEPOSITS PAYABLE			186,231.
(3) PPP LOAN			679,671.
<u>(4)</u>			
(5)			
(6)			
(7)(9)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		865,902.
<b>2.</b> Liability for uncertain tax positions. In Part XIII, provide		to the organization's financial statements that	

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

132053 10-28-21

Sche	dule D (Form 990) 2021 PUBLIC LAW CENTER					95	5-3	3709	253	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statements	s Wit	h Re	venu	e per	Retur	r <b>n.</b>			
	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	17,	241,	044.
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	11	,381	7,92	9.				
с	Recoveries of prior year grants	2c				_				
d	Other (Describe in Part XIII.)	2d								
е	Add lines 2a through 2d					. 2	?e	11,	<u>387,</u>	929.
3	Subtract line 2e from line 1					:	3	5,	<u>853,</u>	115.
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					. 4	c			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)						5	5,	853,	115.
	(This mast equal to one of the terms of						_			
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	ts Wi	ith Ex	xpen	ses pe	er Ret	turr	۱.		
Pa	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ts Wi	ith Ex	xpen	ses pe	er Ret		۱.		
Pa 1	t XII Reconciliation of Expenses per Audited Financial Statement	ts Wi	ith Ex	xpen	ses pe	er Ret	turr	۱.	058,	372.
	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ts Wi	ith Ex	xpen	ses pe	er Ret		۱.	058,	
1	t XII         Reconciliation of Expenses per Audited Financial Statement           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ts Wi	ith Ex	xpen	ses pe	er Ret		۱.	058,	
1 2	t XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ts Wi	ith Ex	xpen	ses pe	er Ret		۱.	058,	
1 2 a	<b>t XII Reconciliation of Expenses per Audited Financial Statement</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ts Wi 2a	ith Ex	xpen	ses pe	er Ret		۱.	058,	
1 2 a	t XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ts Wi 2a 2b	ith Ex	xpen	ses pe	er Ret		ı. 16,		372.
1 2 a	t XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	11	xpen: , 38'	ses pe	9 .		16, 16, 11,	387,	. 372.
1 2 b c d	t XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	11	, 38 <sup>-</sup>	ses pe	9 . 2	1	16, 16, 11,	387,	372.
1 2 b c d e	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	11	, 38 <sup>-</sup>	ses pe	9 . 2	1 2e	16, 16, 11,	387,	. 372.
1 2 b c d 3	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	11	, 38 <sup>-</sup>	ses pe	9 . 2	1 2e	16, 16, 11,	387,	. 372.
1 2 6 6 8 3 4	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	11	, 38 <sup>-</sup>	ses pe	9 . 2	1 2e	16, 16, 11,	387,	. 372.
1 2 6 6 8 3 4	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	11	, 38 <sup>-</sup>	ses pe	9. 2. 	1 2e	16, <u>16,</u> <u>11,</u> <u>4</u> ,	<u>387,</u> 670,	<u>929</u> . 443.
1 2 d e 3 4 b c 5	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	11	, 38 <sup>-</sup>	ses pe	9. 2. 	1 ?e 3	16, <u>16,</u> <u>11,</u> <u>4</u> ,	<u>387,</u> 670,	. 372.

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:

THE CENTER QUALIFIES AS A TAX-EXEM	IPT ORGANIZATION UNDER SECTION 501(C)(3)
AS DESCRIBED IN SECTIONS 509(A)(1)	, 170(B)(1)(A)(VI) OF THE INTERNAL
REVENUE CODE (THE "CODE") AND 2370	1(D) OF THE CALIFORNIA REVENUE AND
TAXATION CODE, ACCORDINGLY, THERE	IS NO PROVISION FOR FEDERAL INCOME TAXES
OR CALIFORNIA FRANCHISE TAX. IN AL	DITION, THE CENTER QUALIFIES FOR THE
CHARITABLE CONTRIBUTION DEDUCTION	UNDER SECTION 170 OF THE CODE AND HAS
BEEN CLASSIFIED AS AN ORGANIZATION	THAT IS NOT A PRIVATE FOUNDATION.
INCOME DETERMINED TO BE UNRELATED	BUSINESS TAXABLE INCOME (UBTI) WOULD BE
TAXABLE. THE CENTER EVALUATES ITS	UNCERTAIN TAX POSITIONS, IF ANY, ON A
CONTINUAL BASIS THROUGH REVIEW OF	ITS POLICIES AND PROCEDURES, REVIEW OF
ITS REGULAR TAX FILINGS, AND DISCU	JSSIONS WITH OUTSIDE EXPERTS.
132054 10-28-21	Schedule D (Form 990) 2021 34
17031109 149072 83938Q	2021.05000 PUBLIC LAW CENTER 83938Q_1

THE CENTER'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR THE FISCAL YEARS ENDED 2018, 2019 AND 2020 ARE SUBJECT TO IRS EXAMINATION, GENERALLY FOR FOUR YEARS AFTER FILING. AS OF THE DATE OF THIS REPORT, THE CENTER'S FISCAL YEAR 2021 RETURN HAD NOT YET BEEN FILED.

Schedule D (Form 990) 2021

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SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)	Complete if the	or if the	2021					
			Open to Public					
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instr				on.		Inspection
							Employer ide	entification number 253
	<b>sing Activities.</b> complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol>	e organization rais tions email solicitations tations licitations on have a written c red in Form 990, P ) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total				►				
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	egistration
LHA For Paperwork Ro	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z.		Schedul	e G (Form 990) 2021

Schedule G (Form 990) 2021 PUBLIC LAW CENTER

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 VOLUNTEERS FOR JUSTICE	(b) Event #2 HALLOWEEN BASH	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	event type)	(total number)	- col. <b>(c)</b> )
Hevenue	1	Gross receipts	634,034.	38,100.		672,134
-	2	Less: Contributions	607,090.	31,030.		638,120
	3	Gross income (line 1 minus line 2)	26,944.	7,070.		34,014
	4	Cash prizes				
2	5	Noncash prizes				
Uirect Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
ב	8	Entertainment				
	9	Other direct expenses	36,958.	13,166.		50,124 50,124 -16,110
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	50,124
_	<u>11</u> rt I	Net income summary. Subtract line 10 from li				-10,110
a			answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(L) Dull take (instant		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (a
Hevenue				bingo/progressive bingo		
2 L	_	_				
_	1	Gross revenue				
2	2	Cash prizes				
nse						
хре	3	Noncash prizes				
UIRECT EXPENSES	4	Rent/facility costs				
	5	Other direct expenses			<u> </u>	
	6	Voluntoor Johor	Yes%		└── Yes % └── No	
	6	Volunteer labor	No	No No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
а	lf "	No," explain:				
а						
а						
a b	We	re any of the organization's daming licenses re	woked suspended or te	erminated during the tax v	ear?	Yes No
a b		re any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	erminated during the tax y	ear?	. Yes No
a b		re any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	erminated during the tax y	ear?	Yes N
a b a			evoked, suspended, or te	erminated during the tax y	ear?	Yes N

Sch	edule G (Form 990) 2021	PUBLIC	LAW	CENTER	95-3	709253	Page 3
11	Does the organization conduct ga	ming activities	with no	nmembers?		Yes	No
				rust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			· · · · · · · · · · · · · · · · · · ·		Yes	No No
13	Indicate the percentage of gaming						
а	The organization's facility					13a	%
						13b	%
				the organization's gaming/special events books and reco			
	Name						
	Address 🕨						
15a	Does the organization have a con	tract with a thir	d party	from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam	ing revenue rec	eived b	y the organization 🕨 💲 and the ar	nount		
	of gaming revenue retained by the	e third party 🕨	\$				
с	If "Yes," enter name and address	of the third par	ty:				
	Name 🕨						
	Address 🕨						
16							
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	► \$					
	Description of services provided	•					
	Director/officer	Employee	Э	Independent contractor			
	Mandatory distributions:						
а	Is the organization required under	state law to ma	ake cha	ritable distributions from the gaming proceeds to			
	retain the state gaming license?					Yes	No No
b		•		w to be distributed to other exempt organizations or spen	t in the		
Da	organization's own exempt activit				<u>, , , , , , , , , , , , , , , , , , , </u>		
ra				explanations required by Part I, line 2b, columns (iii) and (	v); and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	o provi	de any additional information. See instructions.			
_							
13208	83 10-21-21			38	Sched	ule G (Form	990) 2021

Turtiv		(continuea)		
132084 11-18-	-21			Schedule G (Form 990)

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SC	HEDULE J	Compensation Ir	nformation	1	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees,			20	<b>91</b>	
		Compensated Em	ployees		20		1
Depa	tment of the Treasury	Complete if the organization answered "Ye Attach to Form			Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instruct			Inspe		
Nam	e of the organization			Employer i			nber
		PUBLIC LAW CENTER		95-3	70925	3	
Ра	rt I Question	Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the followin		990,			
		line 1a. Complete Part III to provide any relevant informati	8 8				
	First-class or c		ng allowance or residence for perso				
	Travel for com		nts for business use of personal re				
			or social club dues or initiation fee				
		pending account Person	nal services (such as maid, chauffel	r, cnet)			
	If a more falls a la surre	and the state of the state of the table of the state of the					
a	-	on line 1a are checked, did the organization follow a writte			4		
~		rovision of all of the expenses described above? If "No," of			1b		
2		require substantiation prior to reimbursing or allowing ex			2		
	trustees, and office	s, including the CEO/Executive Director, regarding the ite	ems checked on line Ta?		2		<u> </u>
2	Indianta which if a	w of the following the organization used to establish the	componention of the organization's				
3		y, of the following the organization used to establish the					
		ctor. Check all that apply. Do not check any boxes for me					
	X Compensation	tion of the CEO/Executive Director, but explain in Part III.					
			n employment contract ensation survey or study				
	X Form 990 of o		al by the board or compensation c	ommittoo			
			a by the board of compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1	a. with respect to the filing				
-	organization or a re		-,				
а	-	-			4a		x
b		eive payment from a supplemental nonqualified retiremen					Х
с	-	eive payment from an equity-based compensation arrang	-				Х
	-	es 4a-c, list the persons and provide the applicable amou					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must comp	lete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organizat		n			
	contingent on the r		-				
а	The organization?				5a		X
b	Any related organiz	ation?			5b		X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organizat	ion pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
		ation?					X
	If "Yes" on line 6a o	r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organizat					
		es 5 and 6? If "Yes," describe in Part III			7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant	to a contract that was subject to th	е			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If	"Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption					
	Regulations section	53.4958-6(c)?			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990		Sched	ule J (Forn	n <b>990</b> )	2021

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## 95-3709253

Page **2** 

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KENNETH BABCOCK	(i)	200,580.	0.	0.	7,813.	797.	209,190.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATHERINE OGILVIE	(i)	142,486.	0.	0.	5,579.	13,621.	161,686.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE L       Transactions With Interested Persons       OMB №. 1541         (Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.       OMB №. 1541	
	21
Department of the Treasury Internal Revenue Service         Attach to Form 990 or Form 990-EZ.         Open To F	
Name of the organization Employer identification	
PUBLIC LAW CENTER         95-3709253	
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).	
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (b) Relationship between disgualified (d) Co	rrected?
(a) Name of disqualified person person and organization (c) Description of transaction Yes	No
<ul> <li>2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958</li> <li>\$</li> </ul>	
section 4958	
Part II Loans to and/or From Interested Persons.	
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.	
(a) Name of (b) Relationship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In (h) Approved or (c)	) Written
interested person with organization of loan of loan from the organization? principal amount default? by board or au	reement?
To From Yes No Yes No Y	es No
	_
Total \$ and a substance Benefiting Interested Persons.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.	
(a) Name of interested person (b) Relationship between interested person and the exception and the exception (c) Amount of assistance (d) Type of assistance (e) Purpos	
the organization	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 9	00) 2024

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	LAW CENTER		95-3709	253	Page 2
Part IV Business Transactions Involvi	ng Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrģani:	aring of zation's nues?
				Yes	No
CESAR COVARRUBIAS	BOARD MEMBER	32,500.	CESAR COVAR		X
Part V Supplemental Information.					

Provide additional information for responses to questions on Schedule L (see instructions).

PUBLIC LAW CENTER

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CESAR COVARRUBIAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

## BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 32,500.

(D) DESCRIPTION OF TRANSACTION: CESAR COVARRUBIAS IS A BOARD MEMBER OF

THE PUBLIC LAW CENTER AND THE EXECUTIVE DIRECTOR OF THE KENNEDY

COMMISSION. IN JULY 2021, PUBLIC LAW CENTER ENTERED INTO AN MOU WITH

KENNEDY COMMISSION. PUBLIC LAW CENTER PAID KENNEDY COMMISSION \$32,500 AS

A RESULT OF THE MOU IN 2021.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

PUBLIC LAW CENTER

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION, AND STRATEGIC LITIGATION AND ADVOCACY TO CHALLENGE SOCIETAL

INJUSTICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE VAST MAJORITY OF PLC'S WORK INVOLVES THE PLACEMENT OF CLIENTS' CASES WITH VOLUNTEER ATTORNEYS AND THE HANDLING OF CLIENTS' CASES BY PLC STAFF MEMBERS. IN 2021, PLC STAFF MEMBERS AND VOLUNTEERS PROVIDED OVER 89,000 HOURS OF FREE LEGAL SERVICES IN HANDLING OVER 5,000 CASES AND BENEFITTED MORE THAN 10,000 LOW-INCOME CHILDREN, ADULTS AND SENIORS IN ORANGE COUNTY. THE ESTIMATED VALUE OF THIS WORK IS OVER \$29.0 MILLION IN 2021 ALONE.

PLC'S CASES INVOLVE CONSUMER LAW, FAMILY LAW, HEALTH, HOUSING IMMIGRATION AND VETERANS. PLC ALSO PROVIDES FREE LEGAL ASSISTANCE TO NON-PROFIT ORGANIZATIONS AND MICRO-ENTREPRENEURS. IN ADDITION TO PRO BONO REPRESENTATION OF CLIENTS, PLC SPONSORS A VARIETY OF LEGAL CLINICS IN THE COMMUNITY. THESE INCLUDE CLINICS AT FAMILY RESOURCE CENTERS IN COSTA MESA, LAKE FOREST, LA HABRA AND SAN JUAN CAPISTRANO, HOMELESS SERVICE CENTERS IN ANAHEIM AND COSTA MESA, AND A COMMUNITY CENTER IN THE LITTLE SAIGON SECTION OF WESTMINSTER. DUE TO THE COVID-19 PANDEMIC, MANY OF THESE CLINICS CONTINUED TO BE CONDUCTED VIRTUALLY THROUGHOUT 2021. PLC SERVES THE HIV/AIDS COMMUNITY THROUGH REFERRALS FROM AIDS SERVICES PROVIDERS THROUGHOUT THE COUNTY. IN ADDITION, PLC CONDUCTS SEVERAL COURTHOUSE BASED CLINICS DESIGNED TO PROVIDE INFORMATION TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

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UNREPRESENTED LITIGANTS. THESE INCLUDE CLINICS IN THE AREA	S OF FEDERAL
COURT LITIGATION, BANKRUPTCY, DOMESTIC VIOLENCE, GUARDIANS	HIP AND
DEFACTO PARENT STATUS. THESE CLINICS WERE ALSO CONDUCTED VI	RTUALLY
THROUGHOUT 2021 DUE TO THE PANDEMIC.	

PLC OFFERS SUBSTANTIAL TRAINING PROGRAMS FOR ITS VOLUNTEERS AND

COMMUNITY PARTNERS. IN CONJUNCTION WITH THE ORANGE COUNTY BAR

ASSOCIATION AND PRIVATE LAW FIRMS, PLC OFFERS MCLE TRAININGS IN

GUARDIANSHIP, IMMIGRATION, INCLUDING CITIZENSHIP, HUMAN TRAFFICKING AND

U-VISAS, HOUSING, AND BANKRUPTCY. THESE TRAININGS SERVE AS A WAY TO

BOTH TRAIN AND RECRUIT PRO BONO ATTORNEYS FOR CLINICS AND CASE

PLACEMENT. OUR TRAININGS FOR COMMUNITY PARTNERS HELP TO EDUCATE THEIR

STAFF AND CONSTITUENTS REGARDING LEGAL RIGHTS AND RESPONSIBILITIES THAT

AFFECT THEM.

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

FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE CHAIR BEFORE IT IS FINALIZED AND FILED. A COPY OF THE FORM 990 IS TRANSMITTED ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS BEFORE IT IS FILED.

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

NO DIRECTOR OF THIS CORPORATION NOR ANY OTHER CORPORATION, FIRM,

ASSOCIATION, OR OTHER ENTITY IN WHICH ONE OR MORE OF THIS CORPORATION'S

DIRECTORS HAVE A MATERIAL FINANCIAL INTEREST SHALL BE INTERESTED, DIRECTLY

OR INDIRECTLY, IN ANY CONTRACT OR TRANSACTION, UNLESS (A) THE MATERIAL

FACTS REGARDING THAT DIRECTOR'S FINANCIAL INTEREST IN SUCH CONTRACT OR

TRANSACTION OR REGARDING SUCH COMMON DIRECTORSHIP, OFFICERSHIP, OR

FINANCIAL INTEREST ARE FULLY DISCLOSED IN GOOD FAITH AND NOTED IN THE 132212 11-11-21 Schedule O (Form 990) 2021 46

Name of the organization           PUBLIC         LAW         CENTER	Employer identification number 95-3709253
MINUTES, OR ARE KNOWN TO ALL MEMBERS OF THE BOARD PRIOR '	TO THE BOARD'S
CONSIDERATION OF SUCH CONTRACT OR TRANSACTION; (B) SUCH	CONTRACT OR
TRANSACTION IS AUTHORIZED IN GOOD FAITH BY A MAJORITY OF	THE BOARD BY A
VOTE SUFFICIENT FOR THAT PURPOSE WITHOUT COUNTING VOTES	OF THE INTERESTED
DIRECTORS; (C)BEFORE AUTHORIZING THE TRANSACTION, THE BO	ARD CONSIDERS AND
IN GOOD FAITH DECIDES AFTER REASONABLE INVESTIGATION THA	T THE CORPORATION
COULD NOT OBTAIN A MORE ADVANTAGEOUS ARRANGEMENT WITH REA	ASONABLE EFFORT
UNDER THE CIRCUMSTANCES; AND (D) THE CORPORATION FOR ITS	OWN BENEFIT ENTERS
INTO THE TRANSACTION, WHICH IS FAIR AND REASONABLE TO THE	E CORPORATION AT
THE TIME THE TRANSACTION IS ENTERED INTO.	
THE FOREGOING RESTRICTION DOES NOT APPLY TO A TRANSACTION	N THAT IS PART OF
AN EDUCATIONAL OR CHARITABLE PROGRAM OF THIS CORPORATION	IF IT (A) IS
APPROVED OR AUTHORIZED BY THE CORPORATION IN GOOD FAITH 2	AND WITHOUT
UNJUSTIFIED FAVORITISM AND (B) RESULTS IN A BENEFIT TO O	NE OR MORE
DIRECTORS OF THEIR FAMILIES BECAUSE THEY ARE IN THE CLAS	S OF PERSON
INTENDED TO BE BENEFITED BY THE EDUCATIONAL OR CHARITABLE	E PROGRAM OF THIS
CORPORATION.	
PLC EMPLOYEES ARE EXPECTED TO DEVOTE THEIR BEST EFFORTS 2	AND ATTENTION TO
THE FULL-TIME PERFORMANCE OF THEIR JOBS. EMPLOYEES ARE E	XPECTED TO USE GOOD
JUDGMENT, TO ADHERE TO HIGH ETHICAL STANDARDS, AND TO AV	OID SITUATIONS THAT
CREATE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST BETWE	EN THE EMPLOYEE'S
PERSONAL INTERESTS AND THE INTERESTS OF PLC. A CONFLICT	OF INTEREST EXISTS
WHEN THE EMPLOYEE'S LOYALTIES OR ACTIONS ARE DIVIDED BET	WEEN PLC'S
INTERESTS AND THOSE OF ANOTHER, SUCH AS A COMPETITOR, SU	PPLIER, OR CLIENTS.
BOTH THE FACT AND THE APPEARANCE OF A CONFLICT OF INTERE	ST SHOULD BE
AVOIDED. EMPLOYEES UNSURE AS TO WHETHER A CERTAIN TRANSA	CTION, ACTIVITY OR
RELATIONSHIP CONSTITUTES A CONFLICT OF INTEREST SHOULD D	ISCUSS IT WITH THE
EXECUTIVE DIRECTOR. SOME EXAMPLES OF POTENTIAL CONFLICTS	
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Name of the organization PUBLIC LAW CENTER	Employer identification number 95-3709253
INCLUDE, BUT ARE NOT LIMITED TO:	
1. ENGAGING IN SELF-EMPLOYMENT IN COMPETITION WITH PLC	;
2. USING PLC INFORMATION FOR PERSONAL GAIN;	
3. ACCEPTING SUBSTANTIAL PERSONAL GIFTS FROM CLIENTS O	R VOLUNTEER
ATTORNEYS; OR	
4. USING PLC ASSETS OR LABOR FOR PERSONAL USE.	
AN EMPLOYEE MAY ENGAGE IN OUTSIDE EMPLOYMENT, PROVIDED	THAT SUCH EMPLOYMENT
DOES NOT INTERFERE WITH THE EMPLOYEE'S PERFORMANCE OF	THEIR
RESPONSIBILITIES AT PLC. PLC LEGAL STAFF MAY NOT OFFER	LEGAL SERVICES
OUTSIDE OF THEIR PLC RESPONSIBILITIES WITHOUT PRIOR AP	PROVAL OF THE

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

THE BOARD OF DIRECTORS HAS DELEGATED TO THE BOARD EXECUTIVE COMMITTEE THE ANNUAL REVIEW AND COMPENSATION SETTING OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE REVIEWS A COMPENSATION SURVEY WHICH RELIES ON INFORMATION FROM THE FORM 990 OF SIMILAR LEGAL SERVICES ORGANIZATIONS TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE PUBLIC LAW CENTER DOES NOT HAVE A WRITTEN EMPLOYMENT CONTRACT WITH THE EXECUTIVE DIRECTOR. THE DELIBERATIONS AND DECISION OF THE EXECUTIVE DIRECTOR'S COMPENSATION IS DOCUMENTED WITH HIS ANNUAL REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC UPON REQUEST ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

FORM 990 PART XII LINE 2C

AN UPDATED AUDIT OVERSIGHT PROCESS IN THE BY-LAWS, SECTION 7, AMENDED 132212 11-11-21 Schedule O (Form

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Name of the organization PUBLIC LAW CENTER	Employer identification number 95-3709253
10/28/19 AS FOLLOWS:	
SECTION 7 NONPROFIT INTEGRITY ACT/AUDIT COMMITTEE	
IN ANY FISCAL YEAR IN WHICH THE CORPORATION RECEIVES OR AC	CRUES GROSS
REVENUES OF TWO MILLION DOLLARS OR MORE (EXCLUDING GRANTS	FROM, AND
CONTRACTS FOR SERVICES WITH, GOVERNMENTAL ENTITIES FOR WHI	CH THE
GOVERNMENTAL ENTITY REQUIRES AN ACCOUNTING OF THE FUNDS RE	CEIVED), THE
BOARD SHALL	
(I) PREPARE ANNUAL FINANCIAL STATEMENTS USING GENERALLY AC	CEPTED
ACCOUNTING PRINCIPLES THAT ARE AUDITED BY AN INDEPENDENT C	ERTIFIED
PUBLIC ACCOUNTANT ("CPA") IN CONFORMITY WITH GENERALLY ACC	EPTED
AUDITING STANDARDS;	
(II) MAKE THE AUDIT AVAILABLE TO THE ATTORNEY GENERAL AND	TO THE PUBLIC
ON THE SAME BASIS THAT THE INTERNAL REVENUE SERVICE FORM 9	90 IS
REQUIRED TO BE MADE AVAILABLE; AND	
(III) APPOINT AN AUDIT COMMITTEE. THE AUDIT COMMITTEE SHA	LL NOT
INCLUDE PAID OR UNPAID STAFF OR EMPLOYEES OF THE CORPORATI	ON,
INCLUDING, IF STAFF MEMBERS OR EMPLOYEES, THE PRESIDENT OR	THE
TREASURER. IF THERE IS A FINANCE COMMITTEE, MEMBERS OF THE	FINANCE
COMMITTEE SHALL CONSTITUTE LESS THAN 50% OF THE MEMBERSHIP	OF THE AUDIT
COMMITTEE AND THE CHAIRPERSON OF THE AUDIT COMMITTEE SHALL	NOT BE A
MEMBER OF THE FINANCE COMMITTEE. THE AUDIT COMMITTEE MAY I	NCLUDE
PERSONS WHO ARE NOT DIRECTORS. SUBJECT TO THE SUPERVISION	OF THE BOARD,
THE AUDIT COMMITTEE SHALL:	
(A) MAKE RECOMMENDATIONS TO THE BOARD ON THE HIRING AND FI	RING OF THE
CPA;	
(B) CONFER WITH THE CPA TO SATISFY AUDIT COMMITTEE MEMBERS	THAT THE
FINANCIAL AFFAIRS OF THE CORPORATION ARE IN ORDER;	

 (C) APPROVE NON-AUDIT SERVICES BY THE CPA AND ENSURE SUCH SERVICES

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CONFORM TO STANDARDS IN THE YELLOW BOOK ISSUED BY THE UNITED STATES COMPTROLLER GENERAL; AND (D) IF REQUESTED BY THE BOARD, NEGOTIATE THE CPA'S COMPENSATION ON BEHALF OF THE BOARD.	Name of the organization PUBLIC LAW CENTE	P	Employer identification number 95-3709253
COMPTROLLER GENERAL; AND	PUBLIC LAW CENTE.	ĸ	95-3709255
(D) IF REQUESTED BY THE BOARD, NEGOTIATE THE CPA'S COMPENSATION ON	CONFORM TO STANDARDS IN THE YEI	LLOW BOOK ISSUED BY THE U	NITED STATES
	COMPTROLLER GENERAL; AND		
	D) IF REQUESTED BY THE BOARD	NEGOTIATE THE CPA'S COMP	ENSATION ON
	BEHALF OF THE BOARD.		
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