#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **991** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

$\overline{A}$	For the	2021 calendar year, or tax year beginning $\mathrm{JUL}1,2021$	JUN 30, 2022	
B	Check if	C Name of organization	D Employer identifi	cation number
	applicable:		' '	
Г	Address change	EARL WARREN LEGAL TRAINING PROGRAM, INC.		
F	Name change	Doing business as	13-26956	83
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s		
F	Final	40 Rector Street  5th		
_	return/ termin-		G Gross receipts \$	921890.
Г	ated Amende	City or town, state or province, country, and ZIP or foreign postal code  New York, NY 10006		
F	lreturn □ Applica	·	H(a) Is this a group re	
L	Itiòn pending	same as C above	for subordinates	·····
<del>-</del>	_		H(b) Are all subordinates in	
		(// / / / / / / / / / / / / / / / / / /		list. See instructions
		e: ► www.naacpldf.org	H(c) Group exemptio	
_	_		ear of formation: 19/4 N	M State of legal domicile: NY
Г		Summary	ion of the Ec	m1 Wannan
Ö	1 1 5	Briefly describe the organization's mission or most significant activities: The miss	morrido agholo	ri warren
Governance		Legal Training Program, Inc. (EWLTP) is to p		
Je.	2 0	Check this box if the organization discontinued its operations or disposed of r	1	ssets.
é	3 1		3	23
જ	+ '	lumber of independent voting members of the governing body (Part VI, line 1b)		0
ijes	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		_
Activities	6 ⊺	otal number of volunteers (estimate if necessary)		24
Aci	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12		0.
_	b N	let unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
ne	8 0	Contributions and grants (Part VIII, line 1h)	68901.	151842.
ē	<b>9</b> F	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	52437.	23339.
Ξ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121338.	175181.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30000.	105000.
		Senefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	<b>15</b> S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21644.	27198.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
ă×	- b T			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15192.	17885.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	66836.	150083.
_		Revenue less expenses. Subtract line 18 from line 12	54502.	25098.
Net Assets or	<u> </u>		Beginning of Current Year	End of Year
set	ਭੂ <b>20</b> T	otal assets (Part X, line 16)	921763.	845314.
A A	ੂ <b>21</b> T	otal liabilities (Part X, line 26)	7281.	8568.
_		let assets or fund balances. Subtract line 21 from line 20	914482.	836746.
_	art II	Signature Block		
	-	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
tru	e, correct	and complete. Declaration of preparer (other than officer) is based on all information of which prep		
		Janai S. Nelson	5/15/2023	
Si	gn	Signature of officer	Date	
He	ere	Janai S. Nelson, President & Director-Cou	nsel	
		Type or print name and title	I Doto	I DTIN
_		Print/Type preparer's name Preparer's stanature	Date Check	PTIN
Pa -	-	Frederick E. Davis, Jr. CPA	05/12/23 self-employ	
	· L	Firm's name Mitchell & Titus, LLP	Firm's EIN ▶	13-2781641
Us	e Only	Firm's address 80 Pine Street, Suite 3200	, ,	40\800 4500
		New York, NY 10005	Phone no. (2	12)709-4500
Ma	ay the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  The mission of the Earl Warren Legal Training Program, Inc. (EWLTP) is
	to provide scholarship aid to law students interested in pursuing
	civil rights careers. One goal is to increase African-American
	representation in law schools and the legal profession and to help
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?  Yes X No
3	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	(Code:) (Expenses \$105000 • including grants of \$105000 • ) (Revenue \$)
	The Earl Warren Legal Training Program, Inc. (EWLTP) offers
	scholarships to law students in the amount of \$15,000 annually. Earl
	Warren Scholarships are awarded to candidates with exceptional academic
	records who are dedicated to civil rights and public interest work.
	Applicants for Earl Warren Scholarships must be able to demonstrate a
	history of outstanding community service and a well-defined interest in
	civil rights through their academic records and personal essays.
	27719
4b	(Code:) (Expenses \$ 27718. including grants of \$) (Revenue \$)  Education Information Program: This program provides public information
	and technical assistance in conjunction with scholarship.
	and technical assistance in conjunction with scholarship.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 132718.
	Form <b>990</b> (2021)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
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			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<b>.</b>
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		<b> </b> ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	21	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		x
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			١,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ <sub>3,7</sub>
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	٠.		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	<u> </u>		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	Х	1
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			1
	Schedule K. If "No," go to line 25a	24a		Х
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		х
06	Schedule L, Part I	25b		^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	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,	20		<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
21	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		<del></del>
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<del></del>
00		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Ь

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	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	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		<sub>₹</sub>
	any contributions that were not tax deductible as charitable contributions?	6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CI-		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	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?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
C	to file Form 8282?	7c		x
d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
٠	excess parachute payment(s) during the year?	15		Х
	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		х
	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	<u></u>	<u> </u>
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI					Λ
Sec	tion A. Governing Body and Management					
		1.1	2 = [		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	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.		2.4			
	Enter the number of voting members included on line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any oth	er			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t		1			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, c	or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the followir	ng:			
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliat	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing	the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe				
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independ	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participa	tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure		_			
17	List the states with which a copy of this Form 990 is required to be filed ►NY, WI					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (sect	ion 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on Schedule (	O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of intere	st policy, and	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and recor	ds ▶			
	KEVIN C. THOMSON - (212) 965-2200					
	40 Rector Street 5th Floor NEW YORK NY 10006					

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# 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 n		orga	aniza			npe	nsa		director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per	box offi	, unle: cer an	ss pe ıd a d	rson i irecto	is bot or/trus	h an tee)	compensation	compensation	amount of
	week (list any	JO.					Ú	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	ner			organizations
	line)	ip II	Inst	Officer	Key	Hig	Por			
(1) Sherrilyn A. Ifill	1.00	Į.,							E21220	02710
Pres & Dir-Counsel Retired 3/22	59.00	Х		Х				0.	531229.	92718.
(2) Janai Nelson		Х		х				0.	274637.	21150.
Pres & Dir-Counsel Began 3/22 (3) Kevin C. Thomson	0.50	^		^				0.	2/403/•	21130.
Chief Financial Officer	39.50			х				0.	202193.	63479.
(4) Christine Gregory	0.50							0.	202175	03475
Chief Operating Officer Retired 3/22	39.50			x				0.	209125.	31809.
(5) Valaida Wynn	0.50								2032230	32007
Deputy Director of Develop	39.50					х		0.	149963.	51357.
(6) Claude Johnson	0.50									
Chief Development Officer	39.50			х				0.	43303.	601.
(7) Gerald S. Adolph	0.50									
Board Member		Х						0.	0.	0.
(8) David W. Mills	0.50									
Board Member	2.00	Х						0.	0.	0.
(9) Steven B. Pfeiffer	1.00									
Secretary of the Board	4.00	Х		Х				0.	0.	0.
(10) James Castillo	1.00								_	_
Treasurer of the Board	4.00	Х		Х				0.	0.	0.
(11) William J. Bynum	0.50									
Board Member	2.00	Х						0.	0.	0.
(12) Clifford P. Case III	0.50	,,						0	_	_
Board Member	2.00	Х						0.	0.	0.
(13) Robyn Coles	0.50	\ \							0	_
Board Member		Х						0.	0.	0.
(14) Leslie Cornfeld	0.50							0	^	_
Board Member	2.00 0.50	^					_	0.	0.	0.
(15) Gregory Evans	2.00							0.	0.	_
Board Member (16) Lisa Gilford	0.50	^				-	_	0.	0.	0.
Board Member	2.00	y						0.	0.	0.
(17) David E. Kendall	0.50	<del> ^</del>			$\vdash$	$\vdash$	<u> </u>		0.	<u></u>
Board Member	2.00	x						0.	0.	0.
Dould Hombel		-22			<u> </u>		L		· ·	OOO (2024)

132007 12-09-21 Form **990** (2021)

Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C		es (continued)				
(A)	(B)			((	-	_		(D)	(E)	ļ		(F)	
Name and title	Average		not c		more	than		Reportable	Reportable		1	stimate	
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation		ar	mount	of
	week				1	T	1	from	from related			other	. 4.1
	hours for	irecto						the	organization (W-2/1099-MI			npensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)			rom th ganizat	
	organizations	ruste	Institutional trustee		ee (ee	mpen		1099-NEC)	10001420)	'	٠ -	id relat	
	below	dualt	ntiona	_	nploy	st co	, in	10001120)				anizati	
	(list any hours for related organizations below line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
(18) Ronald Kirk	0.50				_								
Board Member	2.00	Х						0.		0.			0.
(19) Michael R. Klein	0.50												
Board Member	2.00	Х						0.		0.			0.
(20) Kim Koopersmith	1.00												
Co-Chairman of the Board	8.00	Х		Х				0.		0.			0.
(21) John Legend	0.50												_
Board Member	2.00	Х						0.		0.			0.
(22) William Lighten	0.50									•			•
Board Member	2.00	Х				_		0.		0.			0.
(23) Cecilia S. Marshall	0.50									0			^
Board Member	2.00	Х				_		0.		0.			0.
(24) Adebayo Ogunlesi	0.50 2.00							0.		0.			Λ
Board Member (25) Luis Penalver	0.50	Х				$\vdash$		0.		0.			0.
Board Member	2.00	x						0.		0.			0.
(26) Anne K. Smalls	0.50	^				$\vdash$		0.		0.	<del>                                     </del>		<u> </u>
Board Member	2.00	x						0.		0.			0.
4b Outstatel			<u> </u>			<u> </u>		0.	14104		2	611	$\frac{31}{14}$ .
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.	14104	50.	2	611	
Total number of individuals (including but n								eceived more than \$100					
compensation from the organization	or miniou to th	.000	, 11000	Ju u		o,			,,000 01 10001142				0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, I	key e	emp	loye	e, o	r hiç	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ uni	elat	ted organization or indiv	idual for services	3			
rendered to the organization? If "Yes," com	plete Schedul	e J 1	for st	ıch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										npens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
( <b>A)</b> Name and business	address	NT/	INC	7				<b>(B)</b> Description of s	envices	ر		<b>C)</b> ensatio	'n
TVAITE AND DUSINESS		1//	)III	<u>.                                    </u>			$\dashv$	Description of s	ici vices	<u> </u>	ЮПРС	1134110	
-							$\dashv$						
										<u> </u>			
2 Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	l ster	d above) who received n	nore than				
\$100,000 of compensation from the organic		. J. 11		J .0	., 10	0 "	٠.٠٠		.5.0				
See Part VII, Section		ii	nua	ati	LOI	n s	sh	eets			Form	990 (ž	2021)

	REN LEGA	$^{1}$	TI	RA:	IN:	INC	3 ]	PROGRAM, INC	13-269	5683
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	yees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	(check all th			hat apply)		compensation	compensation	amount of
	per week (list any hours for related organizations	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	below line)	Individu	Instituti	Officer	Key employee	Highest	Former			
(27) Jonathan Soros	0.50	l								
Board Member		Х						0.	0.	0.
(28) Angela Vallot	1.00									
Co-Chairman of the Board		Х		Х				0.	0.	0.
(29) Tony West	0.50									
Board Member	2.00	Х						0.	0.	0.
(30) Ann Claire Williams	0.50									
Board Member	2.00	Х						0.	0.	0.
							_			
				_		_	_			
Total to Part VII, Section A, line 1c										

			Check if Schedule O contains a respons	se or note to any lir	ne in this Part VIII			
			Check if Schedule O contains a respons	e or note to any iii	(A)  Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
nts nts	1	а	Federated campaigns 1a	860.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
s, G			Fundraising events 1c					
Gift lar,			Related organizations 1d					
imi		е	Government grants (contributions) 1e					
rior S		f	All other contributions, gifts, grants, and					
the library			similar amounts not included above 1f	150982.				
dor		g	Noncash contributions included in lines 1a-1f <b>1g</b> \$					
<u>a</u> <u>C</u>		h	Total. Add lines 1a-1f	<b>&gt;</b>	151842.			
				Business Code				
<u>e</u>	2	а						
er.		b						
Program Service Revenue		С						
Jrar Rev		d		_				
rog		е		_				
<u>-</u>			All other program service revenue					
_		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte		9472.			9472.
			other similar amounts)		94/4.			9474.
	4		Income from investment of tax-exempt bond	= '='				
	5		Royalties(i) Real	(ii) Personal				
		_		(II) Fersorial				
	6		Gross rents 6a 6b					
			Less: rental expenses 6b  Rental income or (loss) 6c					
			Not worth line and a william					
			Gross amount from sales of (i) Securities					
	•	u	assets other than inventory 7a 760576					
		h	Less; cost or other basis					
ē		_	and sales expenses					
le l		С	Gain or (loss) 7c 13867					
Revenue			Net gain or (loss)		13867.			13867.
ĕ			Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	Ba				
		b		Bb				
		С	Net income or (loss) from fundraising events	· ,				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	)a				
				)b				
			Net income or (loss) from gaming activities	<b>&gt;</b>				
	10	а	Gross sales of inventory, less returns					
			and allowances1					
			J	0b				
-		С	Net income or (loss) from sales of inventory					
sn				Business Code				
neo Ine	11			-				
le la		b		-				
Miscellaneous Revenue		Q C	All other revenue	-				
Σ			All other revenue  Total. Add lines 11a-11d					
	12	J	Total revenue. See instructions		175181.	0.	0.	23339.

#### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	105000	105000		
	individuals. See Part IV, line 22	105000.	105000.		
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,	7822.	6265.		1557
_	trustees, and key employees	1044.	0203.		1337
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	14121.	11460.		2661
7	Other salaries and wages	14171	11400.		2001
8	Pension plan accruals and contributions (include	1382.	1120.		262
_	section 401(k) and 403(b) employer contributions)	2364.	1659.		705
9	Other employee benefits	1509.	1219.		290
10	Payroll taxes	1309.	1219.		290
11	Fees for services (nonemployees):				
a	Management				
	Legal				
	Accounting				
	Lobbying Professional fundacional acruines See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17	3946.	1495.	2058.	393
f	Investment management fees	3740.	1473.	2030.	373
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1200.	1200.		
13	Office expenses	300.	300.		
14	Information technology	300.	300.		
15	Royalties	2700.	2700.		
16 17	Occupancy	2700.	2700.		
17 18	Travel				
10	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	300.	300.		
23 24	Other expenses. Itemize expenses not covered	200.	300.		
4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
9	Miscellaneous	9439.			9439
b		7 2 3 3 4			, , , ,
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	150083.	132718.	2058.	15307
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
10001	0 12-09-21				Form <b>990</b> (2021

### Part X Balance Sheet

	IL A	Check if Schedule O contains a response or	note to any line in this Part Y			
		oncess in contectante o contraints a response of	note to any mile in the rate A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		162158.	1	167347.
	2	Savings and temporary cash investments			2	61450.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	190.
	5	Loans and other receivables from any currer				
		trustee, key employee, creator or founder, si				
		controlled entity or family member of any of		5		
	6	Loans and other receivables from other disg				
		under section 4958(f)(1)), and persons descri		6		
s,	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
As	9	Prepaid expenses and deferred charges		9		
	l	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	759289.	11	616327.	
	12	Investments - other securities. See Part IV, li		12		
	13	Investments - program-related. See Part IV, I			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must o			16	845314.
	17	Accounts payable and accrued expenses		222	17	0.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
S	22	Loans and other payables to any current or				
Liabilities		trustee, key employee, creator or founder, si				
liqe		controlled entity or family member of any of			22	
Ë	23	Secured mortgages and notes payable to ur			23	
	24	Unsecured notes and loans payable to unre			24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on I				
		of Schedule D	mos 17 2 ly. Complete Fait X	6381.	25	8568.
	26	<b>Total liabilities.</b> Add lines 17 through 25			26	8568.
		Organizations that follow FASB ASC 958,				
Ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions			27	
Bal	28	Net assets with donor restrictions			28	836746.
pu		Organizations that do not follow FASB AS				
F		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds		29	
sets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulate		**	31	
let	32	Total net assets or fund balances			32	836746.
_	ا ت	Total liabilities and net assets/fund balances		921763.	33	845314.

Form **990** (2021)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form 990 (2021)

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## **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization EARL WARREN LEGAL TRAINING PROGRAM, INC. 13-2695683 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21044.	90747.	89590.	68901.	151842.	422124.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	01011	0.0045	22522	60001	151010	100101
4	Total. Add lines 1 through 3	21044.	90747.	89590.	68901.	151842.	422124.
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,						000660
	column (f)						282662.
6	Public support. Subtract line 5 from line 4.						139462.
	etion B. Total Support	( ) 0047	#120040	( ) 0040	( I) 0000	( ) 0004	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2017 21044.	(b) 2018 90747.	(c) 2019 89590.	(d) 2020 68901.	(e) 2021 151842.	(f) Total 422124.
_	Amounts from line 4	21044.	90747.	09390.	00901.	131042.	422124.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	17532.	18559.	17358.	10959.	9472.	73880.
_	and income from similar sources	1/332.	10339.	1/330.	10939.	9412•	73000.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						496004.
11	<b>Total support.</b> Add lines 7 through 10	eta (esa inetrueti	one)			12	470004.
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for the			outh or fifth tay w		_=_	
13	organization, check this box and stor			•			
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2021 (			olumn (f))		14	28.12 %
15	Public support percentage from 2020					15	26.60 %
	33 1/3% support test - 2021. If the o					· · · · · · · · · · · · · · · · · · ·	
	<b>stop here.</b> The organization qualifies	· ·		,		,	<b>▶</b> □
b	33 1/3% support test - 2020. If the o						is box
	and <b>stop here.</b> The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			-			▶ ▼
b	10% -facts-and-circumstances tes	-		*	-		
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circ		•		•		<b></b> ▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	ınd see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
ŀ	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	fies as a publicly s	supported organiz	ation	▶□
ł	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	<b>top here.</b> The orga	inization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		. 03	
	1		
	2		
	За		
	Ja		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	FL.		
	5b 5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9c		
	23		
	10a		
	,		
J I a	10b	~ 000ì	2021

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
	_		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? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion 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		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	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 governmental entity (see ins	truction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

3b

Sche	dule A (Form 990) 2021 EARL WARREN LEGAL TRAIN	NING I	PROGRAM, INC.1	.3-2695683 Page 6
Pai				<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

4

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	tion D - Distributions		•		Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations		3		
4	4 Amounts paid to acquire exempt-use assets		4		
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)		5		
6	6 Other distributions (describe in Part VI). See instructions.		6		
7	7 Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(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	
	<u> </u>	(1)	(**)		f1113

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
<u>i</u> _	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

## Schedule B (Form 990)

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No. 1545-0047

	EA	ARL WARREN LEGAL TRAINING PROGRAM, INC.	13-2695683
Organiz	zation type (check o	one):	
Filers of	f:	Section:	
Form 99	00 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 99	00-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General	l Rule		
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special	Rules		
	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. line 1. Complete Parts I and II.	nd that received from any one
	contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, so onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ientific,
	year, contributions is checked, enter hopurpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a seculusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious mplete any of the parts unless the <b>General Rule</b> applies to this organization because it re, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., received <i>nonexclusively</i>
	•	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,	••

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

# EARL WARREN LEGAL TRAINING PROGRAM, INC.

13-2695683

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$25000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>102102.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### EARL WARREN LEGAL TRAINING PROGRAM, INC.

13-2695683

Part II	Noncash Property (see instructions). Use duplicate copies of P	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
—		<u> </u>	
		\$	

Name of organization Employer identification number

ARL '	WARREN LEGAL TRAINING 1	PROGRAM, INC.	13-2695683
Part III		utions to organizations described in s a) through (e) and the following line ent s, charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yeary. For organizations ess for the year. (Enter this info. once.)
(a) No. from	·		(A) Description of house if the held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	<u>I</u>
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EARL WARREN LEGAL TRAINING PROGRAM, INC. **Employer identification number** 13-2695683

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of greate from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	•	
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o	• •	•
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated b	by the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handlin	g of
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	ı 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footnot		
3		te to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.	<u> </u>	
	t III Organizations Maintaining Collections of A	Art, Historical Treasures, o	
		Art, Historical Treasures, o	
Pa	t III Organizations Maintaining Collections of A	Art, Historical Treasures, o 90, Part IV, line 8.	or Other Similar Assets.
Pa	Complete if the organization answered "Yes" on Form 9	Art, Historical Treasures, of 90, Part IV, line 8.  not to report in its revenue statem	or Other Similar Assets.
Pa	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958,	Art, Historical Treasures, of 90, Part IV, line 8.  not to report in its revenue statem c exhibition, education, or research	per Other Similar Assets.  The second
Pai	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public	Art, Historical Treasures, of 90, Part IV, line 8.  not to report in its revenue statemore exhibition, education, or researchial statements that describes these	nent and balance sheet works n in furtherance of public e items.
Pai	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance.	Art, Historical Treasures, of 90, Part IV, line 8.  not to report in its revenue statement exhibition, education, or researchial statements that describes these to report in its revenue statement	nent and balance sheet works in in furtherance of public e items. and balance sheet works of
Pai	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financ If the organization elected, as permitted under FASB ASC 958,	Art, Historical Treasures, of 90, Part IV, line 8.  not to report in its revenue statement exhibition, education, or researchial statements that describes these to report in its revenue statement	nent and balance sheet works in in furtherance of public e items. and balance sheet works of
Pai	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financ If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public elected.	Art, Historical Treasures, of 90, Part IV, line 8.  not to report in its revenue statemed exhibition, education, or researchial statements that describes these to report in its revenue statement whibition, education, or research in	per Other Similar Assets.  The sent and balance sheet works on in furtherance of public elitems.  The sent and balance sheet works of the sent and balance sheet works of the service,  The sent assets.
Pai	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financ If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items:	Art, Historical Treasures, of 90, Part IV, line 8.  not to report in its revenue statem of exhibition, education, or research ial statements that describes these to report in its revenue statement xhibition, education, or research in	nent and balance sheet works in furtherance of public e items. and balance sheet works of in furtherance of public service,
Pai	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financ If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	Art, Historical Treasures, of 90, Part IV, line 8.  not to report in its revenue statemed exhibition, education, or researchial statements that describes these to report in its revenue statement xhibition, education, or research in	nent and balance sheet works in furtherance of public e items. and balance sheet works of ifurtherance of public service,
1a	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financ If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public e 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	Art, Historical Treasures, of 90, Part IV, line 8.  not to report in its revenue statemed exhibition, education, or researchial statements that describes these to report in its revenue statement whibition, education, or research in the statement of the statement whibition, education, or research in the statement of the statement whibition, education, or research in the statement which is the statement of the st	nent and balance sheet works in furtherance of public e items. and balance sheet works of ifurtherance of public service,
Par 1a	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financ If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public e 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.	Art, Historical Treasures, of 90, Part IV, line 8.  not to report in its revenue statemed exhibition, education, or researchial statements that describes these to report in its revenue statement with the statement of the statem	per Other Similar Assets.  Then and balance sheet works In in furtherance of public In items. In and balance sheet works of In furtherance of public service, In the service of public service, In the service of public service, In the service of public service of public service, In the service of public service of public service, In the service of public

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

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

8568.

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

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  EARL WARF	REN LEGAL	TRAINING PF	ROGRAM, IN	IC.			Employer identification number 13-2695683
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or ass     Describe in Part IV the organization's pr     Part II Grants and Other Assistance to	istance? ocedures for moni	toring the use of grant	t funds in the Unite	ed States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered	res" on Form 990, Par	t iv, line ∠ i, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization			ne line 1 table		<u> </u>		<b>\</b>
• Litter total number of other organization	12 112160 111 1116 11116	1 Laule					

Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2:  The Earl Warren Legal Training Program obtains documentation from every student receiving a Warren scholarship which indicates that s/he remains in	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV   Supplemental Information. Provide the Information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2:  The Earl Warren Legal Training Program obtains documentation from every student receiving a Warren scholarship which indicates that s/he remains in						
Part I, Line 2: The Earl Warren Legal Training Program obtains documentation from every student receiving a Warren scholarship which indicates that s/he remains in	Scholarships	7	105000.	. 0.		
Part I, Line 2: The Earl Warren Legal Training Program obtains documentation from every student receiving a Warren scholarship which indicates that s/he remains in						
Part I, Line 2: The Earl Warren Legal Training Program obtains documentation from every student receiving a Warren scholarship which indicates that s/he remains in						
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Part I, Line 2: The Earl Warren Legal Training Program obtains documentation from every student receiving a Warren scholarship which indicates that s/he remains in						
Part I, Line 2: The Earl Warren Legal Training Program obtains documentation from every student receiving a Warren scholarship which indicates that s/he remains in						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2:  The Earl Warren Legal Training Program obtains documentation from every student receiving a Warren scholarship which indicates that s/he remains in good standing with the university or college s/he is attending.						
The Earl Warren Legal Training Program obtains documentation from every student receiving a Warren scholarship which indicates that s/he remains in	Part IV Supplemental Information. Provide the information	required in Part I, lir	l ne 2; Part III, columr	h (b); and any other a	dditional information.	
student receiving a Warren scholarship which indicates that s/he remains in	Part I, Line 2:					
	The Earl Warren Legal Training P	rogram obt	ains docum	mentation f	rom every	
	student receiving a Warren schol	arship whi	ch indicat	es that s/	he remains in	
	<u> </u>	•	<u> </u>			

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

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number 13-2695683 EARL WARREN LEGAL TRAINING PROGRAM, INC.

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year did any parson listed on Form 000 Part VIII. Section A line 1s, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
9		4a		х
h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 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 the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MIS compensation	C and/or 1099-NEC	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) Sherrilyn A. Ifill	0		0.	0.	0.	0.	0.
Pres & Dir-Counsel Retired 3/22			0.	18400.	74318.	623947.	0.
(2) Janai Nelson	0		0.	0.	0.	0.	0.
Pres & Dir-Counsel Began 3/22			0.	18400.	2750.	295787.	0.
(3) Kevin C. Thomson	0		0.	0.	0.	0.	0.
Chief Financial Officer (i			0.	15139.	48340.	265672.	0.
(4) Christine Gregory	0		0.	0.	0.	0.	0.
Chief Operating Officer Retired 3/22 (i			0.	14825.	16984.	240934.	0.
(5) Valaida Wynn	0		0.	0.	0.	0.	0.
Deputy Director of Develop (i	149963	0.	0.	11013.	40344.	201320.	0.
(i	)						
(i	)						
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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.
Form 990, Part VI, Line 15a and Schedule J, Part I, Line 3
The Earl Warren Legal Training Program, Inc. ("EWLTP") does not pay
compensation to its officers, directors, or trustees. The EWLTP and the
NAACP Legal Defense and Educational Fund, Inc. ("LDF") share the same
officers and key employees, and the EWLTP has adopted the policies of
its affiliate - NAACP LDF. The NAACP LDF utilizes compensation
studies, and Form 990s of other organizations to establish the
compensation of the organization's President and Director-Counsel.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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.

2021
Open to Public Inspection

Name of the organization

EARL WARREN LEGAL TRAINING PROGRAM, INC.

Employer identification number 13-2695683

Form 990, Part I, Line 1, Description of Organization Mission:

to minority law students. It aims to increase African-American

representation in law schools and the legal profession and to help

increase the number of African-American attorneys working in the public

interest to help achieve civil rights for all.

Form 990, Part III, Line 1, Description of Organization Mission:

increase the number of African-American attorneys working in the public

interest to help achieve civil rights for all.

Form 990, Part VI, Section B, line 11b:

A draft of form 990 is prepared by the Finance Department and reviewed by the CFO. Copies are then sent to Mitchell & Titus LLP for their review and comments. Once this is done, the Board of Directors receives a copy of the 990. The final draft is then filed.

Form 990, Part VI, Section B, Line 12c:

The Conflict of Interest Policy provides that the board members and officers complete a questionnaire and forward the completed document to the office of the Chief Operating Officer (COO). The COO reviews the completed questionnaires for completeness, responsiveness and potential conflicts of interest. If necessary the COO seeks the advice and counsel of the General Counsel with respect to further steps necessary to apprise the board of potential conflicts of interest appearing on the questionnaires. In the event of recognized conflicts of interest, the President contacts the involved board member to assure his or her compliance with recusal

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** 13-2695683 EARL WARREN LEGAL TRAINING PROGRAM, INC. requirements prior to any action affected by such conflict of interest. The NAACP Legal Defense and Educational Fund, Inc. (LDF) by-laws reserve the authority for the board to review the questionnaires annually. The board of the Earl Warren Legal Training Program, Inc. has adopted this policy from its affiliate, the NAACP Legal Defense and Educational Fund, Inc. Form 990, Part VI, Section C, Line 19: The NAACP Legal Defense and Educational Fund, Inc. (Related Organization) does not make its governance documents, conflict of interest policy and financial statements readily available upon request, but will do so based upon a discretionary determination by its CFO and/or General Counsel of the requesting individual's or entity's "need to know" such information. example, upon request, financial statements are routinely made available to vendors, potential funders and entities with which the NAACP LDF will have common business and/or public interest relationships requiring demonstration of the organization's sound fiscal status. The board of the Earl Warren Legal Training Program, Inc. has adopted this policy from its affiliate, the NAACP Legal Defense and Educational Fund, Inc. Form 990, Part XII, Line 2c: The process has not changed from prior years.

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization EARL WARREN LE	GAL TRAINING PROGR	AM, INC.			E	mployer identific 13-26956	ation n	umber
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year		s Direct c	<b>(f)</b> ontrolling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or mo	ore related tax-exe	empt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) rect controlling entity	contr ent	<b>g)</b> 512(b)(13) trolled tity?
NAACP Legal Defense & Educational Fund, Inc 13-1655255, 40 Rector Street, 5th Floor, New York, NY 10006	To support litigation in the areas of Poverty & Justice, Education, Voting	New York	501(c)(3)	7	N/A		Yes	No X
		10.11			.,			

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

IDI Gene	eral or Phaging ther?	(k) Percentage ownership
1065) <b>Yes</b>	s No l	
. I i	9	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	egal domicile (state or foreign entity entity)  Direct controlling (C corp, S corp, income end-of-year controls)  Type of entity (C corp, S corp, income end-of-year controls)			(h) Percentage ownership	(i Sec 512(k contr enti	tion b)(13) rolled ity?	
		country)		or tracty		400010		Yes	No
								$\vdash$	<del></del>
									—

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			[	1a		X
	Gift, grant, or capital contribution to related organization(s)					1b		X
	Gift, grant, or capital contribution from related organization(s)					1c		X
	Loans or loan guarantees to or for related organization(s)					1d		X
	Loans or loan guarantees by related organization(s)					1e		X
f	Dividends from related organization(s)					1f		X
	Sale of assets to related organization(s)					1g		X
h	Purchase of assets from related organization(s)				[	1h		X
i	Exchange of assets with related organization(s)					1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)					1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)					1k		X
-1	Performance of services or membership or fundraising solicitations for related orga	anization(s)				11		X
	Performance of services or membership or fundraising solicitations by related orga					1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					1n	X	
						10	X	
р	Reimbursement paid to related organization(s) for expenses					1p	X	
q	Reimbursement paid by related organization(s) for expenses				Г	1q		X
r	Other transfer of cash or property to related organization(s)					1r		X
	Other transfer of cash or property from related organization(s)					1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresh	nolds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invol	ved		
	NAACP Legal Defense & Educational Fund,							
	Inc.	N	4500.	Past Usage				
<u>,                                     </u>	NAACP Legal Defense & Educational Fund,			-				
	Inc.	0	24062.	Past Usage				
	NAACP Legal Defense & Educational Fund,			-				

Ρ

106495. Past Usage

(5)

(6)

(3) Inc.

Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners s 501(c)(3 orgs.? Yes N	Share of total income	Share of end-of-year assets	Disprotionallocati	por- ate ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne Yes N	or Percentage ownership o
of entity		(state or foreign country)	excluded from tax under sections 512-514)	Yes N	total income	end-of-year assets	Yes	No	of Schedule K-1 (Form 1065)	yes N	o ownership
		country)	sections 512-514)	Yes N	lo income	assets	Yes	No	(Form 1065)	Yes N	
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#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print EARL WARREN LEGAL TRAINING PROGRAM, 13-2695683 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 40 RECTOR STREET, 5TH FLOOR return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 10006 NEW YORK, NY Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) KEVIN C THOMSON The books are in the care of ► 40 RECTOR STREET, 5TH FLOOR - NEW YORK, NY 10006 Telephone No. ▶ 212 965-2214 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 
and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 \_\_\_\_ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2021 \_\_ , and ending <u>JUN</u> 30 , 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)