Form 990

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

and ending

▶ Do not enter social security numbers on this form as it may be made public. .gov/Form990 for instructions and the latest information.

Open to Public . Inspection

OMB No. 1545-0047

B c a	heck if	C Name of organization		D Employer identifie	cation number
	Addre				
	Name			36-31512	79
	Initial		Room/suite	E Telephone number	
	Final returr		2000	312-263-	
	termi			G Gross receipts \$	8,991,060.
	Amer returr	ded CHICACO II 60603		H(a) Is this a group re	
				for subordinates	
L	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
<u>і</u> т	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527		list. See instructions
		te: WWW.POVERTYLAW.ORG		H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	I Vear		A State of legal domicile: IL
	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO A	DVANCE	LAWS AND PO	DLICIES TO
e	•	IMPROVE THE LIVES AND OPPORTUNITIES OF PE	EOPLE I	IVING IN PO	VERTY.
Governance	2	Check this box			
veri	3			3	16
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
<u>م</u>	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			45
tie	6	Total number of volunteers (estimate if necessary)			60
Activities &	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,648,286.	8,022,611.
Revenue	9	Program service revenue (Part VIII, line 2g)		802,057.	930,029.
vel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,907.	32,430.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-75,233.	-103,245.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,402,017.	8,881,825.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		424,570.	354,344.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,441,351.	4,118,478.
sea		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 726,0	88.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,395,508.	1,522,564.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,261,429.	5,995,386.
	19	Revenue less expenses. Subtract line 18 from line 12		-859,412.	2,886,439.
or				ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		6,414,739.	8,600,470.
Assets d Balanc	21	Total liabilities (Part X, line 26)		1,592,252.	712,521.
Net		Net assets or fund balances. Subtract line 21 from line 20		4,822,487.	7,887,949.
Pa	rt II			, , , .	, ,
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of o	officer					Date	
Here	AUDRA I	WILSON,	PRESIDENT	Ľ				
	Type or print r	name and title						
	Print/Type preparer	's name		Preparer's sig	Inature	Date	Check	PTIN
Paid	ASHLEY BAI	RSEMA		ASHLEY	BARSEMA	08/08	/22 self-employed	P01332786
Preparer	Thine haine		ARSONALLI	-			Firm's EIN 🕨 41	-0746749
Use Only	Firm's address 🕨	1301 WES	ST 22ND ST	FREET,	SUITE 1100			
		OAK BROC)K, IL 605	523			Phone no. (630) 573-8600
May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)							

	1 990 (2021) SHRIVER CENTER ON POVERTY LAW	36-3151279	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1		IS AN ILLINOIS	
	NOT-FOR-PROFIT CORPORATION THAT PROVIDES NATIONAL LEADED		
	ADVANCING LAWS AND POLICIES THAT SECURE JUSTICE TO IMPRO	OVE THE LIVES	
	AND OPPORTUNITIES OF PEOPLE LIVING IN POVERTY.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	ers, the total expenses, and	b
4a	(Code:) (Expenses \$3, 346, 725. including grants of \$354, 344.) (Rev	enue \$ 120,4	60.)
	THE SHRIVER CENTER'S ADVOCACY PROGRAMS ADVANCE LAWS, POL	LICIES, AND	
	SYSTEMS CHANGES THAT IMPROVE THE LIVES AND OPPORTUNITIE;	S OF PEOPLE	
	LIVING IN POVERTY. SHRIVER CENTER ADVOCATES USE A MULTI	FACETED	
	APPROACH, INCLUDING LITIGATION, TO TACKLE STRUCTURAL RAG	CISM HEAD ON,	AS
	WELL AS POLICY ADVOCACY TO UNCOVER SYSTEM INEQUITIES AND	D CREATE NEW	
	PATHWAYS FOR OPPORTUNITY.		
	1 265 110	<u> </u>	60
4b	(Code:) (Expenses \$ 1,265,119. including grants of \$) (Rev THE SHRIVER CENTER'S ADVOCATE RESOURCES AND TRAINING PRO) (((((((((((((((((((
	OFFERS THE SPECIALIZED TRAINING AND LEADERSHIP DEVELOPM	· · ·	
		LDER GAINS FOR	,
	THEIR CLIENTS.	JULIN ON THE TON	<u> </u>
	THE SHRIVER CENTER BUILDS TEAMS AND DEVELOPS LEADERS TH	ROUGH SEVERAL	
	NETWORKS OF ADVOCATES, INCLUDING THE LEGAL IMPACT NETWOR	RK AND THE	
	RACIAL JUSTICE INSTITUTE NETWORK. THESE NETWORKS CONNECT	F ADVOCATES TO)
	ONE ANOTHER AND THE RESOURCES THEY NEED TO BE EFFECTIVE	•	
4c	(Code:) (Expenses \$ including grants of \$) (Rev.	enue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,611,844.		
		Form 99	90 (2021)
132002	2 12-09-21		

3 2021.04021 SHRIVER CENTER ON POVERTY 027-0801

Form 990		10 ·		ON	POVERTY	LAW
Part IV	Checklist of	Required Sche	edules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	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,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
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	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
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		- 23	
U		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	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		Х
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
132003	12-09-21	Form	990	(2021)

132003 12-09-21

4

Form	990	(2021)
FUIII	330	120211

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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?			1
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	12-09-21	Form	990	(2021)
	5			

09500808 131839 027-080630

2021.04021 SHRIVER CENTER ON POVERTY 027-0801

	990 (2021) SHRIVER CENTER ON POVERTY LAW	36-3151	279	Р	age 🤇
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	4 -			
	filed for the calendar year ending with or within the year covered by this return	2a 45		Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	A	
•-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instruction:				x
		~	3a 2h		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
+d	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country		<u>+a</u>		- 11
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	Counts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
2	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х	
			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		<u> </u>		
·	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
-			8		
)	Sponsoring organizations maintaining donor advised funds.				
			9a		
			9b		
ົ	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
1	Section 501(c)(12) organizations. Enter:		1		
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
		•	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
	If "Yes," complete Form 6069. 12-09-21 6		_	990	(2)

 $\begin{array}{c} & & & & \\ 132005 & 12-09-21 \\ 09500808 & 131839 & 027-080630 \end{array}$

SHRIVER	CENTER	ON	POVER
---------	--------	----	-------

Form 990	(2021)
----------	--------

SHRIVER CENTER ON POVERTY LAW

36-3151279 Page 6

X

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	
Section A. Governing Body and Management	

			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	1 1	.6		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	.6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2		X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the					
3				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filod?			X
- 5	Did the organization become aware during the year of a significant diversion of the organization's ass			·· – –		x x
5 6						X X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			. 0		
7a				7-		x
	more members of the governing body?			<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					x
~	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v	
a	The governing body?					
b	Each committee with authority to act on behalf of the governing body?			. 8 b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					- v
<u> </u>	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 Re	venue	Code.)		1	
					Yes	
	Did the organization have local chapters, branches, or affiliates?			. 10 a	3	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
11a		y beto	re filing the form?	11;		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	on Schedule O how this was done					
13	Did the organization have a written whistleblower policy?					
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 approva	ıl by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
				15a	a X	
а	The organization's CEO, Executive Director, or top management official					X
	The organization's CEO, Executive Director, or top management official)	-
					>	
b	Other officers or key employees of the organization)	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	nent w	vith a			x
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	/ith a	15		
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year?	nent w te its p	vith a	15		
b 16a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	nent w te its p nizatior	vith a participation n's	15	3	

Ø	Section 6104 requires an organization to make its F	orms 1023 (1024 or 1024-A	A, if applicable), 990, and 990-1 (section 501(c)(3)s only) available	Die
	for public inspection. Indicate how you made these	available. Check all that ap	oply.	
	X Own website Another's website	X Upon request	Other (explain on Schedule O)	

7

9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and telephone	number of the person who possesses t	he organization's books and records 🛛 🕨
	EDWARD MBEWE - 312-2	53-3830	
	67 EAST MADISON, SUI	TE 2000, CHICAGO, IL	60603

67	EAST	MADISON,	SUITE	2000,	CHICAGO,	IL	606

132006 12-09-21

2021.04021 SHRIVER CENTER ON POVERTY 027-0801

Form 990 (2021)

Т

Part VII	compensation of Officers, Directors, Trustees, Key Employees, Highest Compensat	ed
	mployees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau		l/iius		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	ltiona	_	nploy	st coi	ar	1000 1120/		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUDRA WILSON	50.00									
PRESIDENT				Х				183,539.	0.	37,927.
(2) EDWARD K. MBEWE	45.00									
CFOO		1		х				170,488.	Ο.	8,514.
(3) ELLEN HEMLEY	45.00									
VP OF TRAINING		1		х				145,598.	Ο.	29,212.
(4) KEENYA LAMBERT	45.00									
VP DEVELOPMENT		1		х				134,046.	Ο.	30,645.
(5) STEPHANIE ALTMAN	45.00									
PROGRAM DIRECTOR						Х		111,309.	0.	34,182.
(6) AMBAR MENTOR	45.00									
VP OF COMMUNICATION				Х				105,106.	0.	21,664.
(7) KIMBERLY MERCHANT	45.00									
PROGRAM DIRECTOR						X		107,849.	0.	16,128.
(8) ERIC SIROTA	45.00									
HOUSING DIRECTOR						X		107,161.	0.	16,007.
(9) WENDY POLLACK	45.00									
PROGRAM DIRECTOR						X		107,049.	0.	16,064.
(10) PATRICE JAMES	45.00									
PROGRAM DIRECTOR						X		105,976.	0.	16,007.
(11) DEBBIE CHIZEWER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) STEVE EPPLER-EPSTEIN	2.00									
CHAIR		Х		Х				0.	0.	0.
(13) VINCENT J. ROBINSON	2.00									-
SECRETARY		х		Х				0.	0.	0.
(14) JOSEPH ANTOLIN	1.00									-
DIRECTOR		х						0.	0.	0.
(15) RAJ VOHRA	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(16) GRAHAM GRADY	1.00								•	<u>^</u>
DIRECTOR	1 00	X						0.	0.	0.
(17) SHIELA BERNER KENNEDY	1.00								•	<u>^</u>
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

8

132007 12-09-21

Form 990 (2021)

Form 990 (2021)	SHRIVER (CENTER C)N	PO	VE	RT	'Y	LA	W	36-3151	.279	Page 8
Part VII Section	on A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
	(A)	(B)				C)	•		(D)	(E)	(F)
N	Name and title	Average			Pos		n		Reportable	Reportable		nated
I		hours per					than (is both		compensation	compensation		unt of
		week					or/trus		from	from related		her
		(list any	tor						the	organizations		ensation
		hours for	direc				5		organization	(W-2/1099-MISC/		n the
		related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)	1	nization
		organizations	ruste	l trus		ee	mper		1099-NEC)	1000 (120)	-	related
		below	dual t	Ition	_	lold	st co	-				izations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			1	
(18) CHASTITY	LORD	1.00	_	-	0	×	1				+	
DIRECTOR	20112	1.00	x						0.	0.		0.
	1731	2.00	Δ	$\left \right $					0.	0.	+	0.
(19) ABE CHERN	IIN	2.00								0		•
TREASURER			Х		Х				0.	0.	<u> </u>	0.
(20) CATHERINE	ROBB	1.00										
DIRECTOR			Х						0.	0.		0.
(21) NORAH JON	IES	1.00										
DIRECTOR			х						0.	0.		0.
(22) AMANDA SC	NNEBORN	2.00								•	1	
VICE CHAIR		2.00	x		Х				0.	0.		0.
		1.00	Δ		Δ		-		0.	0.	+	0.
(23) EUGENE SC	HOON	1.00								0		•
DIRECTOR			х						0.	0.	<u> </u>	0.
(24) LISA MARS	SH RYERSON	1.00										
DIRECTOR			Х						0.	0.		0.
(25) JANICE BL	ANCHARD	1.00										
DIRECTOR			Х						0.	0.		0.
(26) WILL BURN	IS	1.00										
DIRECTOR			x						0.	0.		0.
							-		1,278,121.	0.		,350.
								-	0.	0.		<u>, , , , , , , , , , , , , , , , , , , </u>
	continuation sheets to Part VI								1,278,121.	0.		,350.
	ines 1b and 1c)										220	,350.
	er of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable		
compensatio	on from the organization 🕨											10
											Y	'es No
3 Did the orga	nization list any former officer,	, director, trust	ee, k	key e	mpl	oye	e, or	' hig	phest compensated empl	oyee on		
line 1a? If "y	/es," complete Schedule J for s	uch individual									3	X
	vidual listed on line 1a, is the su											
	organizations greater than \$150										4 2	x
	son listed on line 1a receive or a											
• •						-			-	iual IUI Services	-	x
	the organization? If "Yes." con	plete Schedule	e J f	or su	ich r	oers	son				5	A
· · ·	endent Contractors											
•	is table for your five highest co	•	•							· ·	ation from	I
the organiza	tion. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wi	thin	the organization's tax y	ear.		
	(A)								(B)		(C)	
	Name and business	address	N	ONE	3				Description of s	ervices (Compens	ation
			-								_	_
								_				
2 Total number	er of independent contractors (i	ncluding but n	ot lir	nited	to	thos	se lis	ted	above) who received mo	ore than		
	compensation from the organi	0					0					
	ART VII, SECTION		ΊN	UΑ	TI	ON	S	HE	ETS		Form 9 9	90 (2021)
·	,				-							··)

132008 12-09-21

Form 990 SHRIVER	CENTER C	N	PC	VE	RT	Ϋ́	LA	W	36-315	1279
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)		organization
	related	stee o	ustee			en sat				and related
	organizations	al trus	onal ti		oloyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) LISA MADIGAN	1.00	-	-	5	₹.	Ŧ	Fc			
DIRECTOR	1.00	x						0.	0.	0.
(28) MARIA DEL SOCORRO PESQUEIRA	1.00									
DIRECTOR		x						0.	0.	0.
(29) SUSAN LLOYD	1.00									
DIRECTOR		Х						0.	0.	0.
(30) JAMIE R. PRICE	1.00									_
DIRECTOR		X						0.	0.	0.
(31) TOM REULAND	1.00									0
DIRECTOR		Х						0.	0.	0.
		1								
	•		•		•					
Total to Part VII, Section A, line 1c								1	<u> </u>	L

132201 04-01-21

			2021) SHRIVER CENTE	ER ON POVI	ERTY LAW		36-3151	279 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(5)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
nts Its	1	а	Federated campaigns 1a					
ìrar oun		b	Membership dues 1b					
S, G		С	Fundraising events 1c	508,382.				
ar /		d	Related organizations 10					
s, C		е	Government grants (contributions) 1e 1	,821,290.				
ion Si		f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f 5	<u>,692,939.</u>				
d O I		g	Noncash contributions included in lines 1a-1f					
aŭ		h	Total. Add lines 1a-1f	►	8,022,611.			
				Business Code				
e	2	а	TRAINING REVENUE	541100	785,969.	785,969.		
e rvio		b	SERVICE CONTRACTS	541100	117,450.	117,450.		
Sei		с	ATTORNEY FEES	541100	26,610.	26,610.		
am		d						
Program Service Revenue		е						
Pro		f	All other program service revenue					
		g	Total. Add lines 2a-2f		930,029.			
	3		Investment income (including dividends, inter					
			other similar amounts)	▶	32,430.			32,430.
	4		Income from investment of tax-exempt bond					
	5		Royalties	►	3,873.			3,873.
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
e			and sales expenses 7b					
evenue		с	Gain or (loss) 7c					
Rev			Net gain or (loss)	>				
Other R			Gross income from fundraising events (not					
Oth			including \$ 508,382. of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8t	109,235.				
			Net income or (loss) from fundraising events	►	-109,235.			-109,235.
	9		Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 9t	b				
			Net income or (loss) from gaming activities	►				
			Gross sales of inventory, less returns					
			and allowances 10	а				
		b	Less: cost of goods sold 10	b				
_			Net income or (loss) from sales of inventory					
		-	· · · · · · · · · · · · · · · · ·	Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	541100	2,117.			2,117.
scellaneo Revenue		b						
elle		с						
lisc Bt		d	All other revenue					
2			Total. Add lines 11a-11d		2,117.			
	12		Total revenue. See instructions		8,881,825.	930,029.	0.	-70,815.
13200	9 12-	09-	21					Form 990 (2021)

11

Page **9**

SHRIVER CENTER ON POVERTY LAW 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).

Secu	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiele column (A).	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	
•	and domestic governments. See Part IV, line 21	354,344.	354,344.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	894,356.	436,669.	175,022.	282,665.
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	2,448,723.	2,032,707.	232,685.	183,331.
7 0	Other salaries and wages	2,330,1230	2,032,107.	252,005.	100,001.
8	Pension plan accruals and contributions (include	106,007.	89,336.	9,679.	6 992
~	section 401(k) and 403(b) employer contributions)	425,048.	347,060.	40,544.	<u>6,992</u> . 37,444.
9	Other employee benefits	244,344.	182,467.	29,018.	32,859.
10	Payroll taxes	244,344.			
11	Fees for services (nonemployees):				
a	Management				
b	Legal	27 022		27 022	
	Accounting	27,033.		27,033.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		420 271		20.000	11 550
	column (A), amount, list line 11g expenses on Sch 0.)	430,371.	378,925.	39,888.	11,558.
12	Advertising and promotion	- 1 6 0 0 0 6			
13	Office expenses	160,236.	112,148.	7,977.	40,111.
14	Information technology	187,993.	146,218.	4,536.	37,239.
15	Royalties				
16	Occupancy	488,246.	364,316.	59,930.	64,000.
17	Travel	36,086.	21,301.	5,784.	9,001.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,692.	11,298.	7,392.	2,002.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	106,598.	79,339.	13,182.	14,077.
23	Insurance	32,472.	25,681.	3,284.	3,507.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	COALITION EXPENSE	24,190.	22,888.	0.	1,302.
b	CONVENINGS	4,000.	4,000.	0.	0.
с	LITIGATION & CLIENT COS	3,147.	3,147.	0.	0.
d	UNCOLLECTIBLE PROMISES	1,500.	0.	1,500.	0.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,995,386.	4,611,844.	657,454.	726,088.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

12 2021.04021 SHRIVER CENTER ON POVERTY 027-0801

09500808 131839 027-080630

33

Form 990 (2021)

1

2

3

4

6,414,739.

33

	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	·····		5		
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described			6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			36,330.	8	424.
۲	9	Prepaid expenses and deferred charges			207,594.	9	196,753.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		593,466. 392,636.			
	b	Less: accumulated depreciation	10b	392,636.	260,038.	10c	200,830.
	11	Investments - publicly traded securities			1,904,584.	11	2,113,848.
	12	Investments - other securities. See Part IV, line -	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			66,173.	14	39,744.
	15	Other assets. See Part IV, line 11		13,500.	15	13,500.	
	16	Total assets. Add lines 1 through 15 (must equ			6,414,739.	16	8,600,470.
	17	Accounts payable and accrued expenses		402,352.	17	343,639.	
	18	Grants payable		18			
	19	Deferred revenue	146,487.	19	202,710.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
iabi		controlled entity or family member of any of the	······ _		22		
-	23	Secured mortgages and notes payable to unrela	arties		23		
	24	Unsecured notes and loans payable to unrelated	ies		24		
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	······ _	1,043,413.	25	166,172.	
	26				1,592,252.	26	712,521.
		Organizations that follow FASB ASC 958, che	ck here 🖡				
ce		and complete lines 27, 28, 32, and 33.					0 000 040
Net Assets or Fund Balances	27	Net assets without donor restrictions			708,715.	27	2,397,740. 5,490,209.
Be	28	Net assets with donor restrictions		······	4,113,772.	28	5,490,209.
pun		Organizations that do not follow FASB ASC 9	58, check	here 🕨 🛄			
Ē		and complete lines 29 through 33.				29	
ŝ	29		Capital stock or trust principal, or current funds				
sse	30	Paid-in or capital surplus, or land, building, or ed			30		
tĂ	31	Retained earnings, endowment, accumulated in	4 000 405	31			
S S	32	Total net assets or fund balances	4,822,487.	32	7,887,949.		

SHRIVER CENTER ON POVERTY LAW Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Total liabilities and net assets/fund balances

36-3151279 Page 11

(B) End of year

4,253,927.

1,699,670.

8,600,470.

Form 990 (2021)

81,254.

(A) Beginning of year

3,060,321.

713,583.

152,416.

200.

1

2

3

4

520.

	990 (2021) SHRIVER CENTER ON POVERTY LAW	36-31	51279	Paç	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,881		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,995	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	2,886		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,822		
5	Net unrealized gains (losses) on investments	5	179	,02	<u>23.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,887	,94	<u>49.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

1

Name of the organization	
--------------------------	--

Name	lame of the organization Employer identification number									
	SHRIVER CENTER ON POVERTY LAW 36-3151279								6-3151279	
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	rgani	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck 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).								
4		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:								
5 [An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6 [A federal, state, or local gov	-							
7 [X	An organization that norma	-	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general p	public described in	
		section 170(b)(1)(A)(vi). (C								
8 [A community trust describe								
9 [An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
10		university:		than 22 1/20/ of its our	art from a	ontribution	o momborob	in face and	d areas ressints from	
10 [An organization that norma								
		activities related to its exem income and unrelated busin								
		See section 509(a)(2). (Con				ses acqui	led by the org	anization a		
11 [An organization organized a		vely to test for public sa	fetv See	section 50)9(a)(4)			
12		An organization organized a	-	•	•			rry out the	purposes of one or	
		more publicly supported or	-	-	-			•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	• •			-		-	giving	
		the supported organization		-	• • • •	-				
		organization. You must o	complete Part IV, Se	ections A and B.						
b] Type II. A supporting org	anization supervised	or controlled in connect	tion with it:	s supporte	d organizatio	n(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	<pre>/ integrated. A supp</pre>	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness	
		requirement (see instructi	,	•						
е		Check this box if the orga					Type I, Type	II, Type III		
_		functionally integrated, or	<i>y</i> 1	nally integrated supporti	ng organiz	ation.				
		r the number of supported o	•							
g		vide the following information) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization	()	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	3	support (see instructions)	
				above (see instructions))	103					
_										
_										
Total										

SHRIVER CENTER ON POVERTY LAW

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 failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete	Part III.)
--	------------

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6409349.	5304028.	5305729.	4648286.	8022611.	29690003.	
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 \dots							
4	Total. Add lines 1 through 3	6409349.	5304028.	5305729.	4648286.	8022611.	29690003.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						4801879.	
	Public support. Subtract line 5 from line 4.						24888124.	
Sec	ction B. Total Support	-						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	6409349.	5304028.	5305729.	4648286.	8022611.	29690003.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	34,193.	38,445.	43,786.	30,685.	36,303.	183,412.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)			6,083.	5,251.	2,117.		
11	Total support. Add lines 7 through 10						29886866.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)		
	organization, check this box and stop	bhere						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2021 (I		-			14	83.27 %	
15	Public support percentage from 2020					15	46.40 %	
1 6a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact			-	-	VI how the organiz	zation	
	meets the facts-and-circumstances te	-		• • • •				
b	10% -facts-and-circumstances test						10% or	
	more, and if the organization meets the						. —	
	organization meets the facts-and-circu		•		• •			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a			
						Schedule A	(Form 990) 2021	

132022 01-04-22

Schedule A	Form	990) 202

SHRIVER CENTER ON POVERTY LAW 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
check this box and stop here)
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2021 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	021 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-04-22						A (Form 990) 2021
		17	7			-

^{2021.04021} SHRIVER CENTER ON POVERTY 027-0801

SHRIVER CENTER ON POVERTY LAW

1

2

Yes No

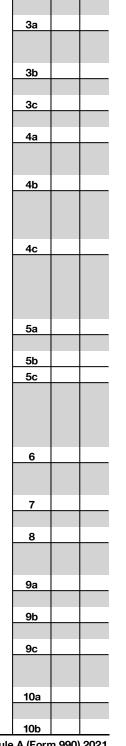
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21



Schedule A (Form 990) 2021

18

SHRIVER CENTER ON POVERTY LAW Schedule A (Form 990) 2021

1

2

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported 2 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.	
Section C. Type II Supporting Organizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

	Section D	. All Typ	e III Sup	porting	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 plaved in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

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

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

19

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifying		-	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E. (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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

SHRIVER CENTER ON POVERTY LAW

09500808 131839 027-080630

09500808 131839 027-080630

Schedule A (Form 990) 2021

SHRIVER	CENTER	ON	POVERTY	LAW
---------	--------	----	---------	-----

36-3151279 Page 7

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

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021			ON POVERT		36-3151279 Page 8
Part VI	Supplemental Info	1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; Pa	c, 5a, 6, 9a, 9b art IV, Section E	, 9c, 11a, 11b, and , lines 1c, 2a, 2b, 3	a, and 3b; Part V, Section B, I	I7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, dditional information.
132028 01-04-2	2					Schedule A (Form 990) 2021
				22		

SCHEDULE C	Po	litical Campaign a	nd Lobbying	g Activities	L	OMB No. 1545-0047
(Form 990)				-	,	2021
	-	anizations Exempt From Income if the organization is described		.,		
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for i				Open to Public Inspection
u		Form 990, Part IV, line 3, or For			an Activit	-
-		plete Parts I-A and B. Do not com			gii Activit	
		' 1(c)(3)) organizations: Complete P	•	Do not complete Part I-	-В.	
Section 527 organization	ations: Complete	Part I-A only.		·		
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activit	ties), then	1
 Section 501(c)(3) org 	ganizations that h	nave filed Form 5768 (election und	er section 501(h)): Cor	mplete Part II-A. Do not	t complete	e Part II-B.
	•	nave NOT filed Form 5768 (election		, .		•
		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form 9	90-EZ, Pa	art V, line 35c (Proxy
Tax) (See separate inst		iona: Complete Dart III				
Name of organization	i, or (o) organizat	ions: Complete Part III.		F	mplover i	identification number
name er ergamzation	SHRIVER	CENTER ON POVERT	V T.AW			5-3151279
Part I-A Comple		anization is exempt under		r is a section 527		
•	0	•				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign					▶\$	
3 Volunteer hours for	political campai					
				-		
Part I-B Comple	ete if the org	anization is exempt under				
		incurred by the organization unde				
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				Yes No
4a Was a correction m						Yes No
b If "Yes," describe in Part I-C Complete		anization is exempt under	section 501(c), e	except section 50	1(c)(3)	
-		by the filing organization for sect				
		ization's funds contributed to othe			Ψ	
exempt function ac					▶\$	
		. Add lines 1 and 2. Enter here and				
line 17b				J	▶\$	
		1120-POL for this year?				Yes No
		ployer identification number (EIN)		-		
		tion listed, enter the amount paid				
	•	omptly and directly delivered to a s additional space is needed, provid		· ·	arate segr	regated fund or a
· · · · · · · · · · · · · · · · · · ·			Г	1		
(a) Name	2	(b) Address	(c) EIN	(d) Amount paid fro filing organization'		Amount of political tributions received and
				funds. If none, enter	-0 p	romptly and directly
						livered to a separate olitical organization.
					P	If none, enter -0
			1	1		

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

Schedule C (Form 990) 2021

132041 11-03-21

		TER ON POVER			151279 Page 2
Part II-A Complete if the org	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
	tion belongs to an affili	• • •	Part IV each affiliated	group member's name	e, address, EIN,
	e of excess lobbying ex tion checked box A and	• •	visions apply		
Limit	ts on Lobbying Expen	ditures	nsions apply.	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means amour	nts paid or incurred.)		totals	
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)		6,014.	
b Total lobbying expenditures to influ				64,232.	
c Total lobbying expenditures (add lii	nes 1a and 1b)			70,246.	
d Other exempt purpose expenditure	es			5,925,140.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)			5,995,386.	
f Lobbying nontaxable amount. Ente	er the amount from the	following table in both	columns.	449,769.	
If the amount on line 1e, column (a) o	r (b) is: The lobb	ying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000),000 \$100,000	0 plus 15% of the exce	ss over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,000	0 plus 10% of the exce	ss over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,000) plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
				110 110	
g Grassroots nontaxable amount (en	,			112,442.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer	-			Г	
reporting section 4911 tax for this				L	YesNo
(Some organizations th		raging Period Under S			
(00	nat made a section 50	1(h) election do not h		f the five columns be	low.
		1(h) election do not h te instructions for line	ave to complete all o	f the five columns be	low.
	See the separa		ave to complete all o es 2a through 2f.)	f the five columns be	low.
	See the separa	te instructions for line	ave to complete all o es 2a through 2f.)	f the five columns be	slow.
Calendar year	See the separa	te instructions for line	ave to complete all o es 2a through 2f.)	f the five columns be	elow. (e) Total
Calendar year (or fiscal year beginning in)	See the separa Lobbying Expen	te instructions for line ditures During 4-Year	ave to complete all o es 2a through 2f.) r Averaging Period		
	See the separa Lobbying Expen (a) 2018	te instructions for line ditures During 4-Year (b) 2019	ave to complete all o es 2a through 2f.) Averaging Period (c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in) 2a Lobbying nontaxable amount	See the separa Lobbying Expen	te instructions for line ditures During 4-Year	ave to complete all o es 2a through 2f.) r Averaging Period	(d) 2021	
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	See the separa Lobbying Expen (a) 2018	te instructions for line ditures During 4-Year (b) 2019	ave to complete all o es 2a through 2f.) Averaging Period (c) 2020	(d) 2021	(e) Total 1,903,448.
(or fiscal year beginning in) 2a Lobbying nontaxable amount	See the separa Lobbying Expen (a) 2018	te instructions for line ditures During 4-Year (b) 2019	ave to complete all o es 2a through 2f.) Averaging Period (c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	See the separa Lobbying Expen (a) 2018 487,663.	te instructions for line ditures During 4-Year (b) 2019 498,731.	ave to complete all o es 2a through 2f.) Averaging Period (c) 2020 467,285.	(d) 2021 449,769.	(e) Total 1,903,448. 2,855,172.
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	See the separa Lobbying Expen (a) 2018	te instructions for line ditures During 4-Year (b) 2019	ave to complete all o es 2a through 2f.) Averaging Period (c) 2020	(d) 2021	(e) Total 1,903,448.
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	See the separa Lobbying Expen (a) 2018 487,663. 82,172.	te instructions for line ditures During 4-Year (b) 2019 498,731. 137,994.	ave to complete all o es 2a through 2f.) Averaging Period (c) 2020 467,285. 87,670.	(d) 2021 449,769. 70,246.	(e) Total 1,903,448. 2,855,172. 378,082.
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	See the separa Lobbying Expen (a) 2018 487,663.	te instructions for line ditures During 4-Year (b) 2019 498,731.	ave to complete all o es 2a through 2f.) Averaging Period (c) 2020 467,285.	(d) 2021 449,769.	(e) ^{Total} 1,903,448. 2,855,172.
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	See the separa Lobbying Expen (a) 2018 487,663. 82,172.	te instructions for line ditures During 4-Year (b) 2019 498,731. 137,994.	ave to complete all o es 2a through 2f.) Averaging Period (c) 2020 467,285. 87,670.	(d) 2021 449,769. 70,246.	(e) Total 1,903,448. 2,855,172. 378,082. 475,862.
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	See the separa Lobbying Expen (a) 2018 487,663. 82,172.	te instructions for line ditures During 4-Year (b) 2019 498,731. 137,994.	ave to complete all o es 2a through 2f.) Averaging Period (c) 2020 467,285. 87,670.	(d) 2021 449,769. 70,246.	(e) Total 1,903,448. 2,855,172. 378,082.
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	See the separa Lobbying Expen (a) 2018 487,663. 82,172.	te instructions for line ditures During 4-Year (b) 2019 498,731. 137,994.	ave to complete all o es 2a through 2f.) Averaging Period (c) 2020 467,285. 87,670.	(d) 2021 449,769. 70,246.	(e) Total 1,903,448. 2,855,172. 378,082. 475,862.

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
С	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

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

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE I	D
-------------------	---

(Form	990)
-------	------

Supplemental Financial Statements

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

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



Department of the Treasury Internal Revenue Service

Name of the organization

SHRIVER CENTER ON POVERTY LAW

 $\begin{array}{c} \text{Employer identification number} \\ 36-3151279 \end{array}$

Par			or Ac	coun	ts. Co	mplete if th	ie
	organization answered "Yes" on Form 990, Part IV, lin				-		
		(a) Donor advised funds	(D) Fund	us and o	ther accou	nts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in the				Г		
~	are the organization's property, subject to the organization's				∟	Yes	No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o			U U	Г	Vee	
Par		appization answord "Voc" on Form 900				Yes	No
1	Purpose(s) of conservation easements held by the organization		raitiv,	line 7.			
•	Preservation of land for public use (for example, recrea		f a histo	rically	importar	t land area	
	Protection of natural habitat						L
	Preservation of open space		i a certii			loture	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a cor	nservat	ion ease	ment on th	o last
~	day of the tax year.					he End of th	
а				2a			
				2b			
	Number of conservation easements on a certified historic stru			2c			
	Number of conservation easements included in (c) acquired a			20			
u	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rel				durina th	e tax	
•	year		, organiz		aanng ar		
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it				Г	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					uring the ye	ear
	►					0 1	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion eas	ement	s during	the year	
	►\$						
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?				[Yes	No No
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents tha	t desc	ribes the	1	
_	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·					
Par	t III Organizations Maintaining Collections of		ther Si	milar	[•] Asset	S.	
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95					S	
	of art, historical treasures, or other similar assets held for pub	, ,		ce of p	oublic		
	service, provide in Part XIII the text of the footnote to its finar						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance	of pub	lic servio	ce,	
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1				¢		
~				-	\$		
2	If the organization received or held works of art, historical tre		li gain, p	provide			
	the following amounts required to be reported under FASB A	-		•	•		
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X				,	• D /Earr	000\ 0004
	For Paperwork Reduction Act Notice, see the Instructions	5 IOF FORM 990.			schean	e D (Form	990) 2021
132051	10-28-21	2.0					

	32					
~	4	^	~	~	4	~

2021.04021 SHRIVER CENTER ON POVERTY 027-0801

Sche		CENTER ON						36-31	5127	9 Pa	_{age} 2
Par	t III Organizations Maintaining Col	lections of Art	, Historio	cal Tre	easures, or	^r Other	[.] Simila	r Assets	(contii	nued)	
3	Using the organization's acquisition, accession	, and other records	s, check any	of the	following that	make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	🗌 Loa	n or exc	hange progra	ım					
b	Scholarly research	е	Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's colle	ctions and explain	how they f	urther th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or re	eceive donations o	f art, histori	cal trea	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange		te if the org	anizatio	on answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Part >	(, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermedi	ary for cont	ribution	s or other ass	ets not i	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the foll	owing table	:							
									Amoun	t	
С	Beginning balance						<u>1c</u>				
	Additions during the year										
е	Distributions during the year						. <u>1e</u>				
f	Ending balance						1f				
	Did the organization include an amount on Forr						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. Cl						•				
Fai	e emplete il a							waara baak		NOORO	book
4.		(a) Current year 1,457,817.		year 2,810.	(c) Two year			years back			
	Beginning of year balance	1,457,617.	1,20	2,010.	1,004	,123.	1,1	17.	1	,055,	32.
b	Contributions	209,217.	10	5,007.	244	687.		78,824.		161,	
c	Net investment earnings, gains, and losses	209,217.	19	5,007.	244	,007.	-	70,024.		101,	039.
d	Grants or scholarships										
е	Other expenditures for facilities									71	965
	and programs				16	5,000.		2,500.		/1,	965.
	Administrative expenses	1,667,034.	1,45	7 817		2,810.	1 (2,300.	1	,145,	130
g	End of year balance			-		.,010.	1,0	/04,12J.	-	,145,	430.
2	Provide the estimated percentage of the current Board designated or quasi-endowment	t year end balance		numn (a)) neid as:						
a b	Permanent endowment ► 52.0800	%	_%								
	Term endowment Term endowment	70									
C	The percentages on lines 2a, 2b, and 2c should										
20		•	tion that ar	hold ar	ad administor	od for th	o organiz	ation			
Ja	Are there endowment funds not in the possessi by:	on on the organiza	lion that are				e organiz	allon		Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the or								_00		
Par	t VI Land, Buildings, and Equipmer			0.							
	Complete if the organization answered "	Yes" on Form 990	, Part IV, lin	e 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of	ther	(b) Cost	t or other	(c) A	ccumulat	ed	(d) Boo	k valu	e
		basis (investm		• •	(other)	• •	preciation		(, 200		•
1 a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment			59	3,466.	3	392,6	36.	20	0,8	30.
	Other						· · ·			-	
	. Add lines 1a through 1e. (Column (d) must eau		K. column (l	3). line 1	0c.)				20	0,8	30.
								Schedule			

Schedule D	(Form 990) 2021	SHRIVER CEN	TER ON	POVERTY	Z LAW	36	-3151279	Page 3
Part VII	Investments -	Other Securities.						G
	-	ganization answered "Yes" GOTY (including name of security)		ok value		Part X, line 12.	d of year market y	aluo
				UK Value			a-or-year marker v	alue
.,								
(2) Olosely (3) Other	field equity interests							
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b) must equal Form 990), Part X, col. (B) line 12.) 🕨						
Part VIII		Program Related.	_					
		anization answered "Yes"						
	(a) Description of	investment	(b) Bo	ok value	(c) Method of v	aluation: Cost or end	d-of-year market v	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
	h) must aqual Form 000	Dert V col (P) line 12)						
Part IX	Other Assets.	D, Part X, col. (B) line 13.)						
		anization answered "Yes"	on Form 990). Part IV. line 1	11d. See Form 990. I	Part X. line 15.		
			Description	,	,		(b) Book va	lue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, col. (B) line	ə 15.)					
Part X	Other Liabilitie							
		anization answered "Yes"	on Form 990), Part IV, line 1	11e or 11f. See Form	990, Part X, line 25		
1.	(a) D	escription of liability					(b) Book va	llue
	leral income taxes	_					150	680
	FERRED REN							672.
	NDS HELD O	N BEHALF OF O'	THERS				13,	500.
(4)								
(5)								
(6)								
(7)								
(8)								
(9) Total (O-th	······································						166	172.
1 ULAL (CO/L	<u>mn (p) must equal Fo</u>	<u>orm 990, Part X, col. (B) line</u>			the organization's fir	••••••		2 •

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 ... 🚺

132053 10-28-21

 $09500808 \ 131839 \ 027-080630$

SHRIVER CENTER ON POVERTY LAW Schedule D (Form 990) 2021

	edule D (Form 990) 2021 SHRIVER CENTER ON POVERTY				3151279 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,188,247.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2 a	179,023.		
b	Donated services and use of facilities	. 2 b	18,165.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	109,234.		
е	Add lines 2a through 2d			2e	306,422.
3	Subtract line 2e from line 1			3	8,881,825.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b			
	Add lines 4a and 4b			4c	0.
с					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	8,881,825.
5				5 leturi	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents With		5 leturi	n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per R	5 leturi 1	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R		n.
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per R		n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With a	Expenses per R		n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	Expenses per R		n.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per R		n. 6,122,785.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	18,165. 109,234.		n. <u>6,122,785</u> . 127,399.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	18,165. 109,234.	1	n. 6,122,785.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	18,165. 109,234.	1 2e	n. <u>6,122,785</u> . 127,399.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	18,165. 109,234.	1 2e	n. <u>6,122,785</u> . 127,399.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 	18,165. 109,234.	1 2e	n. <u>6,122,785</u> . 127,399.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	18,165.	1 2e	n. <u>6,122,785</u> . <u>127,399</u> . <u>5,995,386</u> . 0.
5 Pa 1 2 d c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a 2b 2c 2d 4a 4b	18,165.	1 2e 3	n. <u>6,122,785</u> . 127,399.
5 Pa 1 2 d c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	18,165.	1 2e 3 4c	n. <u>6,122,785</u> . <u>127,399</u> . <u>5,995,386</u> . 0.

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

PART V, LINE 4:

THE INCOME FROM THE ENDOWMENT FUND MAY BE EXPENDED FOR LEGAL SERVICES

PROJECTS OF THE SHRIVER CENTER THAT EMBODY THE VALUES AND GOALS OF SARGENT

SHRIVER.

PART X, LINE 2:

THE SHRIVER CENTER HAS DETERMINED THAT IT DOES NOT HAVE UNCERTAIN TAX

35

POSITIONS AND, THEREFORE, HAS NOT RECORDED A LIABILITY FOR ANY

UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES

132054 10-28-21

109,234.

Schedule D (Form 990) 2021

PART XII, L	INE 2D - OTHER ADJUSTMENTS:	
UNDRAISING	G EVENT EXPENSES	109,234.
32055 10-28-21		Schedule D (Form 990) 202

 Schedule D (Form 990) 2021
 SHRIVER
 CENTER
 ON
 POVERTY
 LAW

 Part XIII
 Supplemental Information (continued)
 (continued)

09500808 131839 027-080630

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990	•		-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		CENTER ON POVERTY	LAV	V			Employer id 36-3151	entification number
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
· · · · · · · · · · · · · · · · · · ·	complete this part	t. ed funds through any of the followin	a activ	rities. (Check all that apply.			
a 📃 Mail solicitat		e 🔛 Solicitat	tion of	non-g	overnment grants			
	email solicitations				nment grants			
c Phone solici d In-person so		g 🔄 Special	fundra	using	events			
		or oral agreement with any individual				tees,	or	_
		art VII) or entity in connection with pr riduals or entities (fundraisers) pursu			e e	ho fur	Ye 🛄 Ye	
compensated at le	•	· / /		agreer				e
			(iii)	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	fundr have c or con	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by) organization
			contrib	-		lis	ted in col. (i)	
			Yes	No				
						<u> </u>		
						 		
						 		
Total								
 List all states in whit or licensing. 	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z.		Schedul	e G (Form 990) 2021

SHRIVER CENTER ON POVERTY LAW

36-3151279 Page 2

Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
		outions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		5 5	ross income on Form 990 (a) Event #1	(b) Event #2	(c) Other events	
				SAM ACHO		(d) Total events
			GALA EVENT	EVENT	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
				(ovoint typo)	(total hambol)	
שמווחפ	1	Gross receipts	501,932.	6,325.	125.	508,382
	2	Less: Contributions	501,932.	6,325.	125.	508,382
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
2	5	Noncash prizes				
Ulrect Expenses	6	Rent/facility costs				
Irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		5,038.		109,235
		Direct expense summary. Add lines 4 throug			•	109,235
		Net income summary. Subtract line 10 from			•	-109,235
ų		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Hevenue						
ř	1	Gross revenue				
es	2	Cash prizes				
n '						
:xpen:	3	Noncash prizes				
Ulrect Expens	3 4					
Ulrect Expens		Noncash prizes				
UIRECT EXPENS	4	Noncash prizes	Yes%	Yes%	Yes%	
UIRECT EXPENS	4 5	Noncash prizes		□ Yes% □ No	Yes % No	
Direct Expent	4 5 6	Noncash prizes Rent/facility costs Other direct expenses	└────────────────────────────────────		No	
UIRECT EXPENS	4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No h 5 in column (d)	No	<u>No</u> No ►	
	4 5 6 7 8	Noncash prizes	Yes% No 5 in column (d) 7 from line 1, column (d)	No	No ►	
•	4 5 7 8 Ent	Noncash prizes	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No	No►	
) a	4 5 7 8 Ent	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No►	Yes N
a b	4 5 7 8 Ent Is t	Noncash prizes	h 5 in column (d) 7 from line 1, column (d)	States?	No ►	
a b	4 5 7 8 Ent Is t Is t We	Noncash prizes	Yes % No No f 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	No ►	
ab	4 5 7 8 Ent Is t Is t We	Noncash prizes	Yes % No No f 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	No ►	

Sch	edule G (Form 990) 2021	SHRIVER	CENTER	ON POVER	RTY LAW	36-3	8151279	Page 3
11	Does the organization conduct g	gaming activities w	ith nonmembe	ers?			Yes	No
12	Is the organization a grantor, ber to administer charitable gaming?						Yes	No
13	Indicate the percentage of gamir							
а	The organization's facility						13a	%
	An outside facility						13b	%
	Enter the name and address of t							
	Name 🕨							
	Address 🕨							
15a	Does the organization have a co	ntract with a third	party from wh	om the organizat	tion receives gaming reve	nue?	🗌 Yes	🗌 No
b	If "Yes," enter the amount of gar	ming revenue recei	ved by the org	ganization 🕨 \$	an	d the amount		
	of gaming revenue retained by th	he third party 🕨 \$						
с	If "Yes," enter name and address	s of the third party	:					
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
10								
	Name							
	Gaming manager compensation	▶ \$						
	Description of services provided							
	· · ·							
	Director/officer	Employee		Independent	contractor			
17	Mandatory distributions:							
	Is the organization required under	er state law to mak	e charitable d	listributions from	the gaming proceeds to			
	retain the state gaming license?						Yes	🗌 No
b	Enter the amount of distributions	•		distributed to oth	ner exempt organizations	or spent in the		
Da	organization's own exempt activ							01 401
Га	rt IV Supplemental Info 15b, 15c, 16, and 17b, a				[,] Part I, line 2b, columns (i ation. See instructions.	iii) and (v); and Pa	rt III, lines 9,	96, 106,
_								
13208	33 10-21-21			39		Sched	ule G (Form	990) 2021

Schedule G	(Form	990
	-	

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990)
132084 11-18-	-21	40

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni [.]	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to Forus.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization	ENTER ON I	POVERTY LAW					Employer identification number $36 - 3151279$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?	-					on X Yes No
Part II Grants and Other Assistance to recipient that received more than s	-				anization answered "Y	es" on Form 990, Part	IV, line 21, 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
EVERTHRIVE ILLINOIS 1006 S. MICHIGAN AVE, SUITE 200 CHICAGO, IL 60605	36-3651051	501(C)(3)	57,627.	0.			ADVOCACY: HEALTHCARE JUSTICE
DUPAGE FEDERATION OF HUMAN SERVICES - 1910 S. HIGHLAND AVE, STE 135 - LOMBARD, IL 60148	36-4197587	501(C)(3)	11,364.	0.			ADVOCACY: HEALTHCARE JUSTICE PUBLIC CHARGE
CATHOLIC CHARITIES DIOCESE OF JOLIET - 16555 WEBER RD CREST HILL, IL 60403	36-2170817	501(C)(3)	11,364.	0.			ADVOCACY: HEALTHCARE JUSTICE PUBLIC CHARGE
LATINO POLICY FORUM 180 N. MICHIGAN AVE., STE 1250 CHICAGO, IL 60601	36-3676873	501(C)(3)	11,364.	0.			ADVOCACY: HEALTHCARE JUSTICE PUBLIC CHARGE
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS - 228 S. WABASH, STE 800 - CHICAGO, IL 60604	36-3783551	501(C)(3)	65,658.	0.			ADVOCACY: HEALTHCARE JUSTICE
GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	19,603.	0.			ADVOCACY: ECONOMIC JUSTICE
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							<u> 13.</u> <u> 0.</u>

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

Schedule I (Form 990) 2021

SHRIVER CENTER ON POVERTY LAW Schedule I (Form 990)

(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 non-cash assistance	(h) Purpose of grant or assistance
TEXAS APPLESEED 1609 SHOAL CREEK BLVD, SUITE 201							ADVOCACY: LEGAL IMPACT
AUSTIN, TX 78701	74-2804268	501(C)(3)	7,000.	0.			NETWORK
LEGAL COUNCIL FOR HEALTH JUSTICE 17 N. STATE ST., SUITE 900 CHICAGO, IL 60602	36-3563802	501(C)(3)	51,364.	0.			ADVOCACY: HEALTHCARE JUSTICE
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE ST, SUITE 720 CHICAGO, IL 60601	36-3292607	501(C)(3)	19,603.	0.			ADVOCACY: ECONOMIC JUSTICE
CENTER FOR CIVIL JUSTICE DBA SENESEE COUNTY LEGAL AID SOCIETY - 136 S SAGINAW ST SUITE 400 -			19,003.				ADVOCACY: LEGAL IMPACT
FLINT, MI 48502	38-1859780	501(C)(3)	10,000.	0.			NETWORK
HEARTLAND ALLIANCE FOR HUMAN NEEDS 208 S LASALLE STREET #1300 CHICAGO, IL 60604	36-1877640	501(C)(3)	19,603.	0.			ADVOCACY: ECONOMIC JUSTICE
MAINE EQUAL JUSTICE PARTNERS 126 SEAWALL STREET AUGUSTA, ME 04330	04-3346273	501(C)(3)	13,000.	0.			ADVOCACY: LEGAL IMPACT NETWORK
WORKERS CENTER FOR RACIAL JUSTICE 2243 E 71ST STREET CHICAGO, IL 60649	42-4461270	501(C)(3)	34,294.	0.			ADVOCACY: HEALTHCARE JUSTICE

Schedule I (Form 990)

SHRIVER CENTER ON POVERTY LAW Schedule I (Form 990) 2021 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(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:

Part III

MANAGEMENT MONITORS GRANT COMPLIANCE THROUGH REVIEW OF BUDGETARY AND

ACTIVITY REPORTS PROVIDED BY THE GRANTEES.

36-3151279

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	1	
(Compensated Employees		20	21	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
	e of the organization		Employer i	dentificatio	on nui	mber
		SHRIVER CENTER ON POVERTY LAW	36-3	315127	9	
Pa	rt I Questions	Regarding Compensation				
					Yes	No
1a	Check the appropria	te box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A, li	ne 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or ch	arter travel Housing allowance or residence for person	nal use			
	Travel for comp	anions Payments for business use of personal res	sidence			
	Tax indemnifica	tion and gross-up payments Health or social club dues or initiation fees	3			
	Discretionary sp	pending account Personal services (such as maid, chauffeu	r, chef)			
b	If any of the boxes of	n line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or pr	ovision 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	r, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Direc	tor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensat	ion of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent co	mpensation consultant X Compensation survey or study				
	Form 990 of oth	er organizations X Approval by the board or compensation c	ommittee			
4	During the year, did a	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a rela	ted organization:				
а	Receive a severance	payment or change-of-control payment?		4a		X
b	-	ive payment from a supplemental nonqualified retirement plan?				X
С	-	ive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of line	s 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	.					
_		3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	ก			
	contingent on the rev			-		v
						X X
a				<u>5b</u>		
~		5b, describe in Part III.	-			
6		Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	ก			
-	contingent on the ne	•		0.		v
		tion 9				X X
a		tion?		<u>6b</u>		
-		6b, describe in Part III.				
'	-	Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
0		s 5 and 6? If "Yes," describe in Part III		7		
8		eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				x
0		tion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9		the organization also follow the rebuttable presumption procedure described in		9		
		53.4958-6(c)? duction Act Notice, see the Instructions for Form 990.			. 000	0004
гпа	I OF TAPEL WORK REC		Sched	lule J (Forn	1 990)	2021

132111 11-02-21

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AUDRA WILSON	(i)	183,539.	0.	0.	9,624.	28,303.	221,466.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EDWARD K. MBEWE	(i)	170,488.	0.	0.	8,514.	0.	179,002.	0.
CFOO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELLEN HEMLEY	(i)	145,598.	0.	0.	7,613.	21,599.	174,810.	0.
VP OF TRAINING	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEENYA LAMBERT	(i)	134,046.	0.	0.	7,105.	23,540.	164,691.	0.
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization

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

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

OMB No. 1545-0047

SHRIVER CENTER ON POVERTY LAW

Employer identification number 36-3151279

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

THE BOARD OF DIRECTORS HAS AUTHORIZED THE AUDIT COMMITTEE TO REVIEW AND

APPROVE THE FORM 990. A COPY OF THE AUDIT COMMITTEE'S APPROVED FORM 990 WAS

PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING.

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

ALL NEW BOARD MEMBERS, STAFF AND VOLUNTEERS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST FORM BEFORE THEY BEGIN SERVICE WITH THE SHRIVER CENTER. THE CHIEF OPERATING OFFICER ANNUALLY DISTRIBUTES CONFLICT OF INTEREST FORMS TO BOARD MEMBERS, STAFF AND VOLUNTEERS. THE CHIEF OPERATING OFFICER COLLECTS AND REVIEWS THE COMPLETED CONFLICT OF INTEREST FORMS AND LOGS THEM INTO A SPREADSHEET OF POTENTIAL CONFLICTS WHICH IS SHARED WITH THE BOARD AND SENIOR MANAGEMENT AND REFERRED TO DURING EACH PROCUREMENT PROCESS. THE CONFLICT OF INTEREST POLICY IS MONITORED PERIODICALLY THROUGHOUT THE YEAR.

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

THE SHRIVER CENTER HAS DEVELOPED A TARGET SCALE FOR EACH POSITION BASED ON MARKET RESEARCH ON SALARIES FOR SIMILAR POSITIONS IN THE CHICAGO AREA. THIS TARGET SALARY SCALE IS REVIEWED ANNUALLY BY SENIOR MANAGEMENT DURING THE BUDGET PROCESS AND REVISED AS NECESSARY. THIS INFORMATION IS ALSO SHARED WITH THE CHAIR OF THE BOARD, WHO IS RESPONSIBLE FOR RECOMMENDING THE PRESIDENT'S SALARY TO THE BOARD. THE BOARD APPROVES THE PRESIDENT'S SALARY. THE PROCESS IS DOCUMENTED IN THE BOARD MINUTES. THE PRESIDENT IS RESPONSIBLE FOR DETERMINING COMPENSATION FOR ALL OTHER OFFICERS AND KEY

EMPLOYEES.

chedule O (Form 990) 2021 ame of the organization	Page Employer identification numbe
SHRIVER CENTER ON POVERTY LAW	36-3151279
ORM 990, PART VI, SECTION C, LINE 19:	
HE SHRIVER CENTER POSTS ITS ANNUAL REPORT, AUDITED FI	NANCIAL STATEMENTS,
ND 990 ON ITS OWN WEBSITE, WWW.POVERTYLAW.ORG. THE S	HRIVER CENTER FORM
90, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	AND FINANCIAL
TATEMENTS ARE AVAILABLE FROM THE SHRIVER CENTER UPON	REQUEST.
ORM 990, PAGE 12, PART XII, LINE 2C	
THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBIL	ITY FOR OVERSIGHT
OF THE AUDIT OF ITS ANNUAL FINANCIAL STATEMENTS AND SE	LECTION OF AN
NDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED	FROM THE PRIOR
'EAR.	

132212 11-11-21