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

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

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

ΑF	or tn	e 2021 calendar year, or tax year beginning and	enaing						
<b>B</b> c	heck if pplicab	C Name of organization		D Employer identifie	cation number				
	Addre	e THE CENTER FOR AMERICAN LIBERTY							
	Name	Doing business as		83-07277	89				
	]Initial return	,	Room/suite	E Telephone number					
	☐Final return			703-687-					
	termir ated			G Gross receipts \$	3,975,957.				
	Amen	LEESBURG, VA 20177		H(a) Is this a group re					
	Application pendi	F Name and address of principal officer: OASON F. CLARK		for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		empt status: X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions				
		te: > LIBERTYCENTER.ORG		H(c) Group exemptio					
	orm o	f organization: X Corporation Trust Association Other ►  Summary	L Year	of formation: 2018  N	1 State of legal domicile: VA				
	1	Briefly describe the organization's mission or most significant activities: THE	CENTER	FOR AMERICA	AN LIBERTY				
ce	'	LEADS THE FIGHT FOR FREE SPEECH AND CIVII							
nan	2	Check this box  if the organization discontinued its operations or dispo							
Activities & Governance	3			3	4				
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			4				
وم در	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			14				
ij	6	Total number of volunteers (estimate if necessary)			4				
Ę				7a	0.				
¥	l	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)		2,475,773.	3,770,889.				
Jue	9	Program service revenue (Part VIII, line 2g)		0.	203,130.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-5,927.	0.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,938.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,469,846.	3,975,957.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.					
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		286,926.	521,715.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ben	b iou	Total fundraising expenses (Part IX, column (D), line 25) ► 1,460,9	51.						
$\overline{\mathbf{x}}$	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,505,464.	2,845,715.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,792,390.	3,367,430.				
	19	Revenue less expenses. Subtract line 18 from line 12		-322,544.	608,527.				
or es				ginning of Current Year	End of Year				
ets	20	Total assets (Part X, line 16)		714,442.	1,114,558.				
Ass	21	Total liabilities (Part X, line 26)		376,219.	163,505.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		338,223.	951,053.				
Pa	rt II	Signature Block		,	•				
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of w			,				
Sign	n	Signature of officer		Date					
Her		■ JASON P. CLARK, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN				
Paid		ANDREW E. YOUNG, CPA ANDREW E. YOUNG	, CPA 1	1/15/22 if self-employ	P01203950				
Prep		Firm's name RENNER AND COMPANY CPA, P.C.	- L		54-1498950				
Use		Firm's address 700 NORTH FAIRFAX STREET SUITE	100						
	-	ALEXANDRIA, VA 22314		Phone no. (7	03) 535-1200				
May	the I	RS discuss this return with the preparer shown above? See instructions		, 1	X Yes No				

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Га	otatement of Frogram dervice Accomplishments	v
_		X
1	Briefly describe the organization's mission: THE CENTER FOR AMERICAN LIBERTY LEADS THE FIGHT FOR FREE SPEECH AND	
	CIVIL LIBERTIES ACROSS THE COUNTRY. BY LEVERAGING ITS NATIONWIDE	
	NETWORK OF LITIGATORS, THE CENTER FOR AMERICAN LIBERTY ZEALOUSLY	
	ADVOCATES ON BEHALF OF INDIVIDUALS WHOSE FIRST AMENDMENT RIGHTS HAVE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	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?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,682,622. including grants of \$) (Revenue \$\$	• )
	THE CENTER FOR AMERICAN LIBERTY IS AT THE FOREFRONT OF THE MOVEMENT TO	
	DEFEND FREE SPEECH AND CIVIL LIBERTIES PROTECTED UNDER THE	
	CONSTITUTION. IN 2021, THE CENTER FOR AMERICAN LIBERTY SCORED THREE	
	LANDMARK VICTORIES AT THE UNITED STATES SUPREME COURT IN DEFENSE OF	
	RELIGIOUS LIBERTY - TANDON V. NEWSOM, GISH V. NEWSOM, AND SOUTH BAY	
	UNITED PENTECOSTAL CHURCH V. NEWSOM, WHERE IT SERVED AS CO-COUNSEL. THE	
	CENTER FOR AMERICAN LIBERTY LED THE NATION CHALLENGING OVERLY BROAD AND UNCONSTITUTIONAL COVID-19 RESTRICTIONS, INCLUDING ITS CHALLENGE TO THE	
	SHUTDOWN OF BOTH PUBLIC AND PRIVATE SCHOOLS, IN BRACH V. NEWSOM.	
	DIGIDOWN OF BOTH FORBIC AND TRIVATE BEHOOLD, IN BRACH V. NEWDOM.	
	IN 2021, THE CENTER FOR AMERICAN LIBERTY FOUGHT "BIG TECH" CENSORSHIP	
	IN O'HANDLEY V. PADILLA - A LANDMARK LAWSUIT CHALLENGING THE	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,682,622.	
<u>4e</u>	Total program service expenses 1,682,622.	

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
		12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		<del>  ^`</del>
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4-		_ v
40	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	ا مد ا		<sub>~</sub>
	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,			\ <sub>37</sub>
	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2021) THE CENTER FOR AMERICAN LIBERTY

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	
00	Did the averagination was at asset than \$5,000 of average as at least an element is individual.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		х	
04 -	Schedule J	23	Λ	
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			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
ام	any tax-exempt bonds?  Did the exemptation act as an long behalf of lineaux for bonds outstanding at any time during the year?	24c 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
21	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	, , ,			
20	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):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·		28c		х
29	"Yes," complete Schedule L, Part IV  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			
00	contributions? If "Yes," complete Schedule M	30		х
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? <i>If "Yes," complete</i>	<u> </u>		
OL.	October 1 to M. Douttle	32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	(gambling) winnings to prize winners?	1c		
132004	¥ 12-09-21	Form	990	(2021)

Form 990 (2021) THE CENTER FOR AMERICAN LIBERTY

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

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 14						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
h	If "Yes," enter the name of the foreign country						
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30					
6a		6a		x			
<b>L</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a					
b		C.L.					
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).			х			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		٠,,			
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X			
g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request \_\_ Other (explain on Schedule O) Own website 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. State the name, address, and telephone number of the person who possesses the organization's books and records CHRIS MARSTON - 703-687-6212

Form **990** (2021)

20177

PO BOX 2510, LEESBURG, VA

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

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

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

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

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

Check this box if neither the organiz						nper	sate					
(A)	(B)			((	C)			(D)	(E)	(F)		
Name and title	Average	(do			Position check more than one			Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of		
	week	-	T a			1	loo,	from	from related	other		
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the		
	related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization		
	organizations	ruste	l trus		ee,	npen		1099-NEC)	1099-NEO)	and related		
	below	dual t	rtio na	L	oldu	st cor	_	10001420)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.gaa		
(1) JASON CLARK	2.00					"	_					
PRESIDENT		Х		X				0.	0.	0		
(2) LEE CHENG	2.00											
BOARD MEMBER		Х						0.	0.	0		
(3) CHRISTOPHER HAGE	2.00											
BOARD MEMBER		Х						0.	0.	0		
(4) CARRIE TYNAN	2.00											
BOARD MEMBER		Х						0.	0.	0		
(5) MARK TRAMMELL	40.00											
EXECUTIVE DIRECTOR				X				170,000.	0.	18,869		
(6) HARMEET DHILLON	2.00											
CEO		<u> </u>		Х				120,000.	0.	0		
(7) CHRIS MARSTON	2.00	_							_	_		
SECRETARY AND TREASURER		<u> </u>		Х				0.	0.	0		
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		Ь	<u> </u>			<u> </u>	<u> </u>	1	l	000		

Form 990 (2021)

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	compensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Pos			nne	Reportable	,	Es	timate	ed	
	hours per	box	(do not check more than one box, unless person is both an			s both	an	compensation compensation			an	nount	of
	week	offic	officer and a director/trustee)			r/trus	tee)	from from related				other	
	(list any	etor						the	organization	ıs	com	pensa	tion
	hours for	Individual trustee or director	a a			ted		organization	(W-2/1099-MIS		fr	om th	е
	related	stee c	ruste			ensa		(W-2/1099-MISC/	1099-NEC)	1		anizat	
	organizations	altrus	nal tı		oyee	om b		1099-NEC)			and	d relat	ed
	below	vidua	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orga	anizati	ons
	line)	Indi	Inst	0#	Key	e High	For			$\longrightarrow$			
										$\neg$			
										$\overline{}$			
										$\rightarrow$			
										$\longrightarrow$			
										$\dashv$			
								200 000		$\overline{}$	1	0 0	
1b Subtotal								290,000.		0.		8,8	
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	290,000.		0.	1	8,8	<u> 59.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization													2
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	loye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes	" co	mple	ete S	Sche	dule	J t	for such individual			4	Х	
5 Did any person listed on line 1a receive or a										·····			
rendered to the organization? If "Yes." com	•				•			· ·		I	5		Х
Section B. Independent Contractors	piete ochedale	<i>,</i> 0 /(	<i>JI</i> 30	<i>i</i> CII <u>,</u>	<i>JC13</i>	OII .						'	
Complete this table for your five highest contains the second secon	mnensated ind	lene	nder	nt cc	ntr	actor	e th	hat received more than \$	100 000 of com	nensat	tion fro	nm	
the organization. Report compensation for										Jonioat		,,,,	
(A)	ine calendar ye	Jai C	, I I GII	ig w	ILIT	JI VVI		(B)	car.		(C	•1	
Name and business	address							Description of s	ervices	С	ی ompei		n
BLITZ DIGITAL GROUP, LLC,		T. 7	K E.	77 T	ᅜᄭ		$\dashv$		· ··				
· · · · · · · · · · · · · · · · · · ·								CONCILLETIC C	FDVTCEC		62	ο οι	50
CENTER PLAZA, SUITE 414,							$\overline{}$	CONSULTING SI	EVATCE9		<u> </u>	9,8	<u> </u>
DHILLON LAW GROUP, 177 PC		ъŢ.	,	ວU.	Т.Т.	c	- 1	LEGAL AND ADMINISTRATI	TE CENT		ΕΛ	7 4	c 0
700. SAN EKANCISCO. CA 94	, SAN FRANCISCO, CA 94103								VE SEKVI		วบ	7.40	07.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

EIMER STAHL, LLP, 224 S. MICHIGAN AVENUE, SUITE 1100, CHICAGO, IL 60604
PRAETORIAN PUBLIC RELATIONS, 1615 BONANZA

STREET, STE. 310, WALNUT CREEK, CA 94506

Form 990 (2021)

418,269.

132,900.

LEGAL SERVICES

PUBLIC RELATIONS

Form 990 (2021) **Part VIII** 

			Check if Schedule O c	ontai	ins a re	snonse i	or note to any lir	ne in this Part VIII			
			Officer if Goricadic O C	Orital	1113 & 10	зропас (	or riote to arry in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
					1	1					SECTIONS 212 - 214
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns			а		4			
ira ou			Membership dues			b		_			
s, C		С	Fundraising events		1	С					
ij k		d	Related organizations		1	d					
s, C		е	Government grants (contril	butio	ns) 1	е	24,582.				
Sign		f	All other contributions, gifts, g	grants	s, and						
he			similar amounts not included			f 3,	746,307.				
즐		a	Noncash contributions included in li			g \$	-				
Š		_	Total. Add lines 1a-1f		_		<b></b>	3,770,889.			
<u> </u>		<u> </u>	Totali Add iii loo Ta Ti				Business Code				
_	_	_	PROGRAM INCOM	F			541100	203,130.	203,130.		
ice	2						341100	203,130.	203,130.		
e e		b									
n S		С									
ĭar Se		d									
Program Service Revenue		е									
٩			All other program service r								
		g	Total. Add lines 2a-2f					203,130.			
	3		Investment income (includi								
			other similar amounts)								
	4		Income from investment of								
	5		Royalties								
			•		(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a							
				6b				-			
				6c				-			
			Net rental income or (loss)	00							
			Gross amount from sales of	Π		urities	(ii) Other				
	′	а		<b> </b>	(1) 000	arrico	(ii) Other	-			
			assets other than inventory	7a				-			
		D	Less: cost or other basis	l							
Revenue			and sales expenses					-			
ě			Gain or (loss)								
æ			Net gain or (loss)				<b>D</b>				
her	8	а	Gross income from fundraisin	g eve	ents (no	:					
ŏ					°	- 1					
			contributions reported on I		•						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from f	undr	aising e	vent <u>s</u>	<b></b>				
	9	а	Gross income from gaming	g acti	ivities. S	See					
			Part IV, line 19			9a					
		b	Less: direct expenses								
			Net income or (loss) from o				<b>&gt;</b>				
			Gross sales of inventory, le	•	•						
		_	and allowances			10a					
		h						-			
			Net income or (loss) from s								
$\overline{}$			1401 11001116 OF (1055) ITOHI S	uics	OI IIIVE	поту	Business Code				
Sn		_	MISCELLANEOUS	TN	ICOM:	<b>.</b>	900099	1,938.	1,938.		
Miscellaneous Revenue	11						700099	1,330.	1,330.		
llan (en		b					-	+			<del> </del>
Se Se		C									
Σ			All other revenue					1 020			
		e	Total. Add lines 11a-11d					1,938.	205 266		
	12		Total revenue. See instruction	ns .			<b>)</b>	3,975,957.	205,068.	0.	0.

# Form 990 (2021) THE CENTER FO Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	308,869.	270,260.	18,532.	20,077.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	212,846.	186,240.	12,771.	13,835.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	800,728.	800,728.		
С	Accounting	26,770.		26,770.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 000 016	244 242	60 510	050 061
	column (A), amount, list line 11g expenses on Sch O.)	1,277,816.	344,042.	60,713.	873,061.
12	Advertising and promotion	4 104	2 506	44.0	205
13	Office expenses	4,124.	3,506.	412.	206.
14	Information technology				
15	Royalties	17 206	14 701	1 720	0.65
16	Occupancy	17,296.	14,701.	1,730.	865.
17	Travel	5,161.	4,387.	516.	258.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4 100	4 100		
22	Depreciation, depletion, and amortization	4,100. 1,722.	4,100. 1,464.	172.	86.
23	Insurance	1,144.	1,404.	1/2.	00.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	400,614.	2,000.	200.	300 /1/
a	POSTAGE AND DELIVERY PRINTING	154,008.	1,500.	∠00•	398,414. 152,508.
b	MISCELLANEOUS			101,885.	
C	DUES AND SUBSCRIPTIONS	130,037. 21,780.	26,588. 21,780.	101,003.	1,564.
d		1,559.	1,326.	156.	77.
	All other expenses	3,367,430.	1,682,622.	223,857.	1,460,951.
25	Total functional expenses. Add lines 1 through 24e	3,301,430.	1,002,022.	443,037.	I, 400, 331.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
	□ II IOIIOWING SUP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	686,979.	1	1,098,500.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	7 206 1	9	0.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	20,157.	14	16,058.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	714,442 <b>.</b>	16	1,114,558.
	17	Accounts payable and accrued expenses	351,637.	17	163,505.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ý	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	%		
abi		controlled entity or family member of any of these persons		22	
⊐	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	24,582.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part 2	·		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	376,219.	26	163,505.
		Organizations that follow FASB ASC 958, check here X			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	224,755.	27	951,053.
Ва	28	Net assets with donor restrictions	113,468.	28	0.
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
s S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne.	32	Total net assets or fund balances	338,223.	32	951,053.
	33	Total liabilities and net assets/fund balances		33	1,114,558.

Form **990** (2021)

Par	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	3,97			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,36	7,4	<u>30.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 27.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	338	3,2	23.	
5	Net unrealized gains (losses) on investments	5		4,3	03.	
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	951	1,0	53.	
Par	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: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	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	audit.				
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	g. 5 / 10 GIL	3a		x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	44411	3b			
	er addito, explain mit, on contodule o and decombe any stope taken to andergo saon addito			990	(2021)	

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization THE CENTER FOR AMERICAN LIBERTY 83-0727789 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		31,952.	693,582.	2475773.	3770889.	6972196.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		31,952.	693,582.	2475773.	3770889.	6972196.
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)						1200083.
6	Public support. Subtract line 5 from line 4.						5772113.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		31,952.	693,582.	2475773.	3770889.	6972196.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)					1,938.	1,938.
11	<b>Total support.</b> Add lines 7 through 10						6974134.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	203,130.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b> X
	tion C. Computation of Public						
	Public support percentage for 2021 (lin					14	%
	Public support percentage from 2020					15	<u>%</u>
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a	as a publicly suppo	orted organization				▶□
b	<b>33 1/3% support test - 2020.</b> If the o	•		•		•	
	and stop here. The organization quality						
17a	10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not c	heck a box on line	: 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts			=	•	VI how the organiz	ation
	meets the facts-and-circumstances tes	-	-		-		
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 l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· <b>&gt;</b>

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

_		Yes	No
L	1		
L	2		
L	3a		
	3b		
	3c		
	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
L	7		
	8		
	9a		
	9b		
	0.		
	9с		
	10-		
	10a		
	10h		
	10b		<del></del>

Pai	art IV Supporting Organiz	ations (continued)			. <u></u>
		(GOTHINGO)		Yes	No
11	Has the organization accepted a	gift or contribution from any of the following persons?			
	- · · · · · · · · · · · · · · · · · · ·	y controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body o		11a		
b	A family member of a person des	5	11b		
		on described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	The second secon	11c		
Sec	ction B. Type I Supporting	Organizations			
				Yes	No
1	Did the governing body, member	s of the governing body, officers acting in their official capacity, or membership of one or			
		we the power to regularly appoint or elect at least a majority of the organization's officers,			
		during the tax year? If "No," describe in Part VI how the supported organization(s)			
		or controlled the organization's activities. If the organization had more than one supported			
		owers to appoint and/or remove officers, directors, or trustees were allocated among the t conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he benefit of any supported organization other than the supported			
	•	pervised, or controlled the supporting organization? If "Yes," explain in			
		fit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supp		2		
Sec	ction C. Type II Supporting	Organizations			
				Yes	No
1	Were a majority of the organization	on's directors or trustees during the tax year also a majority of the directors			
		ation's supported organization(s)? If "No," describe in Part VI how control			
		organization was vested in the same persons that controlled or managed			
	the supported organization(s).	organization has reside in the same persons that some sines of managed	1		
Sec	ction D. All Type III Suppor	ting Organizations			
				Yes	No
1	Did the organization provide to ea	ach of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a writte	en notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 t	hat was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing docume	ents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's of	ficers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the	ne governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a clos	se and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship des	cribed on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization	on's investment policies and in directing the use of the organization's			
	income or assets at all times duri	ng the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in	this regard.	3		
Sec	ction E. Type III Functional	y Integrated Supporting Organizations			
1	Check the box next to the method	d that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied t	he Activities Test. Complete line 2 below.			
b	The organization is the pare	ent of each of its supported organizations. Complete line 3 below.			
С	The organization supported	d a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a	and 2b below.		Yes	No
а	<ul> <li>Did substantially all of the organize</li> </ul>	zation's activities during the tax year directly further the exempt purposes of			
		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 respons	sive to those supported organizations, and how the organization determined			
	that these activities constituted su	•	2a		
b		e 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 organi	ization's position that its supported organization(s) would have engaged in			
	these activities but for the organiz		2b		
3	Parent of Supported Organization	ns. Answer lines 3a and 3b below.			
а	Did the organization have the pover	wer to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported	l organizations? If "Yes" or "No" provide details in Part VI.	3a		

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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.

2

3

<u>4</u> 5

6

Schedule	A (Fo	rm 99	0) 2021

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

emergency temporary reduction (see instructions).

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

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued</sub>	<u>d)</u>	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri		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				
	(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		1	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				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:			$\dashv$	
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020  Excess from 2021				
e	Excess from 2021				

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

THE CENTER FOR AMERICAN LIBERTY 83-0727789

Organization type (check one):							
Filers of: S		Section:					
Form 990 or 990-EZ		$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  General Rule						
X	X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., explete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively explored, etc., contributions totaling \$5,000 or more during the year \$					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

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THE	( 'H:KI'I'H:R	H ( ) K		1. I K H: K 'I' Y

83-0727789

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions  \$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# THE CENTER FOR AMERICAN LIBERTY

83-0727789

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 24,582.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and Zir + +	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll

Schedule B (Form 990) (2021) Page **3** 

Name of organization

Employer identification number

# THE CENTER FOR AMERICAN LIBERTY

83-0727789

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	3 0727703
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
23453 11-11	I-21		Schedule B (Form 990) (2021

name or or	ganization		Employer Identification numb				
THE CE	ENTER FOR AMERICAN LIBERT	Ϋ́	83-0727789				
Part III	Exclusively religious, charitable, etc., contribution	s to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, cha	nrough <b>(e) and</b> the following line entr ritable, etc., contributions of <b>\$1,000 or l</b> e	ry. For organizations  ess for the year. (Enter this info. once.)  \$				
	Use duplicate copies of Part III if additional sp	ace is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and	Relationship of transferor to transferee					
	Transferse & name, addition, and	Troid and the first and the fi					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-	()=						
	(e) Transfer of gift						
	Transferee's name, address, and	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
ļ	,	(e) Transfer of gift	<u> </u>				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE CENTER FOR AMERICAN LIBERTY

**Employer identification number** 83-0727789

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or Ac	counts. Complete if the
	, , , <u>, , , , , , , , , , , , , , , , </u>	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in don	or advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds	can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other p	urpose conferr	ing
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on For	m 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preser	vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in t	ne form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	ter 7/25/06, and not on a historic	c structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminate	d by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, han	dling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforc	ing conservation	n easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing c	onservation ea	sements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sect	ion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and e	expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financia	statements the	at describes the
Da	organization's accounting for conservation easements.	Aut Historical Transcruss	ou Othou C	imiles Accets
Pai	TIII Organizations Maintaining Collections of		, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ	· · · · · · · · · · · · · · · · · · ·		nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	n in furtherance	e of public service,
	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 trea		financial gain,	provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Sim	ilar Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significa	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt pui	rpose in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, historical treas	sures, or other simila	r assets	3			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" or	n Form	990, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets not	include	ed			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		_				
							Amoun	t	
С	Beginning balance				1	С			
d	Additions during the year				<u>1</u>	d			
е	Distributions during the year				1	е			
f	Ending balance					f			
	Did the organization include an amount on Fo				•	L	Yes	L	_ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V   Endowment Funds. Complete it			, , , , , , , , , , , , , , , , , , , ,	1				<del></del>
	•	(a) Current year	(b) Prior year	(c) Two years back	(a) Inr	ee years back	(e) Foul	ryears	раск
1a	Beginning of year balance	113,468.	104,380.	101 000					
b	Contributions	0.	12,477.	104,380.					
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities	110 150	2 222						
	and programs	113,468.	3,389.						
f	Administrative expenses		112 160	104 200					
g	End of year balance		113,468.	· · · · · · · · · · · · · · · · · · ·					
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a)	) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment ►  Term endowment ►  100	%							
С									
0-	The percentages on lines 2a, 2b, and 2c should be also also as the second of the secon		Alam Alambana Inglatan						
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid ar	id administered for t	ne orga	nization	1	Yes	No
	by:						0-(:)	163	X
	(i) Unrelated organizations						3a(i)		X
L	(ii) Related organizations						3a(ii)		
4	Describe in Part XIII the intended uses of the						3b		
	t VI Land, Buildings, and Equipm		willent fulfus.						
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Part X	line 10	) <u>.</u>			
	Description of property	(a) Cost or o	1	<u>i</u>	Accumu		(d) Boo	k valu	
	bescription of property	basis (investr	, , , , , ,	' '	epreciat	l l	(4) 500	ı. vaiu	-
	Land	<del>-   ` ` </del>	,	. ,					
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must ea		X. column (B) line 10	Oc.)		▶			0.
	<u> </u>	<del>,</del>	<del>, , , , , , , , , , , , , , , , , , , </del>		_		_		

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021 THE CENTER	FOR AMERICAN I	LIBERTY 8	3-0727789 Page 3
	Investments - Other Securities.		-	i ago
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1 (1) 5
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
<u>(9)</u>				
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		<u> </u>
raitA	Complete if the organization answered "Yes"	on Form 000 Part IV line:	11a or 11f Soo Form 000 Part V line (	). 
	(a) Description of liability	on Form 990, Fart IV, line	The Or Thi. See Form 990, Fait A, line 2	(b) Book value
1.				(b) Dook value
	eral income taxes			
(2)				+
(3)				+
(4)				+
(5)				
(6)				1

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

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

Schedule D (Form 990) 2021

(7) (8)

Schedule D (Form 990) 2021 THE CENTER FOR AMERICA			1727789	Page 4
Part XI Reconciliation of Revenue per Audited Financial S	•	er Return.		
Complete if the organization answered "Yes" on Form 990, Part IV		1.1	2 000	260
1 Total revenue, gains, and other support per audited financial statements		1	3,980	,∠60.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<sub>2a</sub>   4 , 3	303.		
<ul><li>a Net unrealized gains (losses) on investments</li><li>b Donated services and use of facilities</li></ul>		1		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d		2e	4	,303.
3 Subtract line 2e from line 1			3,975	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b		4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	3,975	<u>,957.</u>
Part XII Reconciliation of Expenses per Audited Financial	•	per Return	1.	
Complete if the organization answered "Yes" on Form 990, Part IV			2 267	120
1 Total expenses and losses per audited financial statements		1	3,367	,430.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا			
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses d Other (Describe in Part XIII.)				
e Add lines 2a through 2d		2e		0.
3 Subtract line 2e from line 1			3,367	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			,	
	4a			
<b>b</b> Other (Describe in Part XIII.)				
c Add lines 4a and 4b	·	4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lin	e 18.)	5	3,367	,430.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		/, line 4; Part X	(, line 2; Part X	Ί,
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.			
DADM W TINE A.				
PART V, LINE 4:				
THE CENTER'S ENDOWMENT FUNDS CONSISTS OF	FIINDS PROVIDED BY	y wartoi	IS	
THE CHAILE & HINDONIANT I CHAP COMPLETE OF	TONES THOUTELD B	1 11111100	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
FOUNDATION GRANTORS FOR RESTRICTED PURPO	SES.			
PART X, LINE 2:				
IN ACCOUNTING FOR UNCERTAINTY IN INCOME	TAXES, ACCOUNTING	STANDA	RDS	
REQUIRE AN ENTITY TO RECOGNIZE THE FINAN	ICIAL STATEMENT IM	PACT OF	A TAX	
DOCUMENT IN THE MODE LIVELY MILLS NOT	I MIIAM MIIT DOCTMTOI	.T 1.7TTT 1	יום שסנ	
POSITION WHEN IT IS MORE-LIKELY-THAN-NOT	THAT THE PUBLITION	N MITT I	NOT BE	
SUSTAINED UPON EXAMINATION. MANAGEMENT	EVALUATED THE ORGA	ANIZATIO	ON'S TAX	ζ
POSITIONS AND CONCLUDED THERE ARE NO UNC	ERTAIN TAX POSTTI	ONS THAT	r REOIITE	₹F.
COLITORS THE CONCLODED THERE ARE NO UNC	LICELLA TAN LONITE	211D 111A1	nXoll	
ADJUSTMENT TO THE FINANCIAL STATEMENTS T	O COMPLY WITH THE	PROVISI	ONS OF	

THIS GUIDANCE.

Schedule D	(Form 990) 2021	THE	CENTER	FOR	AMERICAN	LIBERTY		83-0727789	Page 5
Part XIII	(Form 990) 2021 Supplemental Infor	mation	(continued)						J
			(continuou)						
		<u></u>				<del></del>	<del></del>		

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE CENTER FOR AMERICAN LIBERTY

Employer identification number 83-0727789

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
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	Х	<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			77
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
•		5a		x
b	· · · · · · · · · · ·	5b		X
J	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	other deferred be	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARK TRAMMELL	(i)	150,000.	20,000.	0.	0.	18,869.	188,869.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 000) 0004

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 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CENTER FOR AMERICAN LIBERTY

**Employer identification number** 83-0727789

THE CENTER FOR AMERICAN DIDERTI 05 0721705
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COUNTRY. BY LEVERAGING ITS NATIONWIDE NETWORK OF LITIGATORS, THE CENTER
FOR AMERICAN LIBERTY ZEALOUSLY ADVOCATES ON BEHALF OF INDIVIDUALS WHOSE
FIRST AMENDMENT RIGHTS HAVE BEEN CENSORED AND WHO ARE VICTIMS OF
ILLEGAL DISCRIMINATION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BEEN CENSORED AND WHO ARE VICTIMS OF ILLEGAL DISCRIMINATION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
UNCONSTITUTIONAL COLLUSION BETWEEN CALIFORNIA'S OFFICE OF ELECTION
CYBERSECURITY AND TWITTER.
ALSO, IN MAHONEY V. UNITED STATES CAPITOL POLICE BOARD, THE CENTER FOR
AMERICAN LIBERTY SUCCESSFULLY DEFENDED THE RIGHT OF A MINISTER TO PRAY,
WITH OTHERS, OUTSIDE THE U.S. CAPITOL BUILDING.
FINALLY, THE CENTER FOR AMERICAN LIBERTY LEVERAGED ITS NATIONWIDE
NETWORK OF LAWYERS TO DEFEND CIVIL LIBERTIES FROM COAST TO COAST.
FORM 990, PART VI, SECTION B, LINE 11B:
ONCE FORM 990 IS PREPARED IT IS REVIEWED BY THE PRESIDENT AND OUTSOURCED
ACCOUNTANT, THE FORM 990 PREPARER WILL CLARIFY ANY QUESTIONS AND ISSUES
BEFORE THE FORM IS MADE AVAILABLE TO THE BOARD FOR REVIEW.

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

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

Schedule O (Form 990) 2021

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

Name of the organization **Employer identification number** THE CENTER FOR AMERICAN LIBERTY 83-0727789 BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY KNOWN CONFLICTS OF INTEREST AND SIGN AN INDIVIDUAL COPY OF THE POLICY ON A YEARLY BASIS. THE SIGNED POLICIES ARE KEPT ON FILE WITHIN THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS WILL REVIEW INDEPENDENT, COMPARABLE SALARY DATA FROM LIKE SIZED NOT-FOR-PROFIT ORGANIZATIONS WITHIN THE ORGANIZATION'S AREA AND APPROVE CHANGES TO COMPENSATION FOR THE TOP MANAGING EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANT: 344,042. PROGRAM SERVICE EXPENSES 60,713. MANAGEMENT AND GENERAL EXPENSES 873,061. FUNDRAISING EXPENSES TOTAL EXPENSES 1,277,816. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,277,816. FORM 990, PART XII, LINE 2C THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE INDEPENDENT AUDIT AND SELECTION OF INDEPENDENT AUDITORS.