# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning	ana enaing	_	
В	Check if applicabl	C Name of organization The Minority Corporate Counsel		D Employer identific	cation number
	Addre chang				
Ē	Name chang			13-39209	05
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	+	
	Final return			202-739-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,022,490.
	Amen			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer:Jean Lee		for subordinates	
	pendir	same as C above		H(b) Are all subordinates in	
T	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)	(1) or 527	7	list. See instructions
	Websi			H(c) Group exemptio	n number
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1996 N	$f N$ State of legal domicile: ${f NY}$
P	art I	Summary			
Φ		Briefly describe the organization's mission or most significant activities: ${ t adv}$			
Activities & Governance		promotion of diverse attorneys in legal	l depart	ments and 1	aw firms.
ern	2	Check this box if the organization discontinued its operations or dis	sposed of more	e than 25% of its net as	
Š				3	17
જ		Number of independent voting members of the governing body (Part VI, line 1			17
ies	1	Total number of individuals employed in calendar year 2022 (Part V, line 2a) <sub>.</sub>			16
Ĭ		Total number of volunteers (estimate if necessary)			17
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
			<u> </u>	Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)		3,856,680.	3,947,388.
Revenue	1	Program service revenue (Part VIII, line 2g)		169,379.	1,057,867.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		440,475.	7,000.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,466,534.	5,167,494.
_	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1:		74,000.	120,000.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		74,000.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		1,329,722.	2,048,073.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	0.	0.
Expenses	loa	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- $^{-1}$ Professional fundraising fees (Part IX, column (A), line 11e)	338.	0.	0.
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,966,545.	3,514,387.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,370,267.	5,682,460.
		Revenue less expenses. Subtract line 18 from line 12		1,096,267.	-514,966.
or es	3	Trevende 1633 expenses. Subtract line 10 from line 12		eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		7,066,542.	5,883,665.
ASS	21	Total liabilities (Part X, line 26)		1,222,758.	1,208,990.
]       	22	Net assets or fund balances. Subtract line 21 from line 20		5,843,784.	4,674,675.
P	art II	Signature Block	•		
Unc	der pena	lties of perjury, I declare that I have examined this return, including accompanying sche	dules and statem	nents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Contact of the complete. (other than officer) is based on all information of the complete.	of which prepare	r has any knowledge.	
		Jean lee		11/10/20	023
Sig	ın	Signature of offi 7C49FC6E7F06481		Date	
He	re	Jean Lee, President & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	9 71	Date Check	PTIN
Pai	d		) Liang	L1/07/23 if self-employe	
	parer	Firm's name Rogers & Company PLLC		Firm's EIN 5	8-2676261
Use	Only	Firm's address 8300 Boone Boulevard, Suite 600	0		
		Vienna, VA 22182		Phone no. (7	03) 893-0300
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

orm	990 (20	Association, Inc.	13-3920905 F	Page 2
Par	t III S	tatement of Program Service Accomplishments		
	c	heck if Schedule O contains a response or note to any line in this Part III		X
1		lescribe the organization's mission:		
	Toa	dvance hiring, retention, and promotion of diverse	attorneys in	
	<del>lega</del>	1 departments and law firms that serve them.		
2	Did the	organization undertake any significant program services during the year which were not listed on the		
	prior Fo	rm 990 or 990-EZ?	Yes 🖸	X 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	?Yes 🖸	X No
	If "Yes,	describe these changes on Schedule O.		
4	Describ	e the organization's program service accomplishments for each of its three largest program services, a	is measured by expenses.	
		501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		d
	revenue	e, if any, for each program service reported.		
4a	(Code:	) (Expenses \$ 2,264,676 • including grants of \$ ) (Reve	nue \$ 236,2!	50 <b>.</b> )
		. hosts a National Awards Gala. The national event r		
	corp	orate leaders in the advancement of diversity in th	ne legal	
		stry. MCCA also hosts annual conferences at which a		
		t research and best practices in the legal professi	on and divers:	ity
	and	inclusion topics.		
4b	(Code: _	) (Expenses \$ 1,218,303. including grants of \$ 120,000.) (Reve	nue \$	)
	MCCA	produces a variety of research and educational pro	ducts for	
	memb	ers and the legal profession including: 1) Law Firm	1 Diversity	
		rt 2) Diversity database 3) GS Survey Analysis & Re	port 4) Case	
	stuc	ies.		
		410 510		
4c	(Code:	) (Expenses \$ 418,519. including grants of \$ ) (Reverse \$ )		)
	MCCA	is the preeminent voice on diversity issues in the	: regar	
	proi	ession. MCCA provides industry-shaping publications	research,	<u> </u>
	care	er development and networking opportunities designed	o to connect :	ıts_
		ers to thought leaders and one another. Members inc		
	repr	esentatives of both in-house and law firm practices	<del>; .</del>	
4d		rogram services (Describe on Schedule O.)	114 072	
	(Expenses	4 24 0 0 0 4	114,073.	
4e	ı otal pr	ogram service expenses 4,317,291.		

Form **990** (2022)

			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			. v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		^
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 22
8	Och and to D. Don I !!!	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If IVGs II as a solute October I to D. Do I IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<del> </del>
	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,	10		
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	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,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		<del> </del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l <u>.</u> .		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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		1
Ü	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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?	330		
00	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  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c	Х	
	· · · · · · · · · · · · · · · · · · ·			

## Part V

				Yes	NO
<b>2</b> a	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 16		37	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	37
3a			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			X
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	accurate (EDAD)			
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 at any time during the tax year?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
-	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	***************************************	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the organization of the personal benefit contribution.		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes,		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		L		
а	Didd		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	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
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.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a		<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	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.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17								
	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	b Enter the number of voting members included on line 1a, above, who are independent 1b1								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?								
3									
3	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
		5		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X					
6 7-	Did the organization have members or stockholders?	<b>-</b>		-25					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l <u> </u>		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			x					
	persons other than the governing body?	7b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37						
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
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?	10b	X						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	and the same of th	16b							
Sec	tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed  None								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	o only	\ ovoile	abla					
10		is Offig	) avalle	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
40	X Own website X Another's website X Upon request    Other (explain on Schedule O)	-1 C							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the transfer of the latest and the state of th	u tinai	ıcıal						
•	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	Jean Lee, President & CEO - 202-739-5901								
	1111 Pennsylvania Ave, NW, Washington, DC 20004								

**Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

13-3920905

Page 7

#### 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.

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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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					h an	compensation	compensation	amount of
	week	_	cer an	and a direc		Clor/truste		from	from related	other
	(list any	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	hours for related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	10001120)	and related
	below	id ual	ution	ie i	Key employee	est co oyee	ıer	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) Jean Lee	40.00								_	
President and CEO				Х				488,421.	0.	41,331.
(2) Sophia Piliouras	40.00								_	
Chief Operating Officer & Corporate				Х				276,976.	0.	29,168.
(3) Brenda Camacho	40.00								_	
Chief Financial Officer				Х				190,051.	0.	10,711.
(4) Luis M. Barraza	40.00								_	
Vice President, Operations & Strateg						Х		183,775.	0.	12,769.
(5) Michael W. Thompson	40.00								_	
DEI Practice Lead						Х		157,527.	0.	10,348.
(6) Joseph Centero	0.50								_	
Corporate Officer		Х		Х				0.	0.	0.
(7) Wanji Walcott	0.50								_	
Chair		Х		Х				0.	0.	0.
(8) Amy Fliegelman Olli	0.50									
Director		Х						0.	0.	0.
(9) Amy Tu	0.50									
Director		Х						0.	0.	0.
(10) Anne Robinson	0.50									
Director		Х						0.	0.	0.
(11) Duane D. Holloway	0.50									
Director		Х						0.	0.	0.
(12) Hannah Lim-Johnson	0.50									
Director	0 50	Х						0.	0.	0.
(13) Jennifer Newstead	0.50									
Director	0 50	Х						0.	0.	0.
(14) Lanesha Minnix	0.50									
Director	0 50	Х						0.	0.	0.
(15) Laurence Midler	0.50								_	_
Director	0 50	Х						0.	0.	0.
(16) Linda Lu	0.50								_	_
Director	0 50	Х					_	0.	0.	0.
(17) Micahel Tang	0.50								_	_
Director		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru				on	4 LI:	aho	ot C	componented Employe	os (continued)	JUJ Fage U
	(B)	pioy	ees	, and	<u>и пі</u>	gne	SLC			<b>(E)</b>
(A) Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) Neil Wilcox	0.50									
Director		Х						0.	0.	0.
(19) Sandra Leung Director	0.50	X						0.	0.	0.
(20) Seth Krauss	0.50									
Director		Х						0.	0.	0.
(21) Stuart Alderoty Director	0.50	x						0.	0.	0.
(22) Tom Robertson	0.50	<u> </u>						0.	0.	•
Director	0.30	х						0.	0.	0.
		- -								
								1 206 750		104 227
1b Subtotal								1,296,750.	0.	104,327.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)								1,296,750.	0.	104,327.
Total number of individuals (including but									0,000 of reportable	

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
West Wing Writers, 1150 Connecticut		
Avenue, NW, Suite 505, Washington, DC	communications	420,180.
Kennedy Events, LLC, 180 Golden Hind		
Passage, Corte Madera, CA 94925	Event Management	197,145.
Ubica, Inc., 711 S. Dearborn, Suite 301,		
Chicago, IL 60605	Consutlting	140,000.
Ideation Consultancy, Inc		
2771 Maricopa Street, Torrance, CA 90503	Consutlting	127,650.
Berlin Rosen, LLC, 15 Maiden Lane, Suite		
160, New York, NY 10385	Consutlting	107,097.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization		

5

Form 990 (2022)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 2,160,322. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,787,066. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 3,947,388. h Total. Add lines 1a-1f **Business Code** 900099 707,544. 707,544. 2 a Membership service Program Service Revenue 236,250. b Conferences 541900 236,250. c Job Bank 541900 114,073. 114,073. f All other program service revenue 1,057,867. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 168,665. 168,665. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 841,570. assets other than inventory b Less: cost or other basis 76 854,996. Other Revenue and sales expenses -13,426.-13,426. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 7,000. 7,000. 900099 11 a Other income d All other revenue ..... 7,000. e Total. Add lines 11a-11d ..... 5,167,494.1,057,867. 162,239. Total revenue. See instructions

### Part IX | Statement of Functional Expenses

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

Section 50 I (c)(3) and 50 I (c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respor	nse or note to any line in (A)	this Part IX(B)	(C)	(D)				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations	20.000	20.000						
	and domestic governments. See Part IV, line 21	30,000.	30,000.						
2	Grants and other assistance to domestic	00 000	00 000						
	individuals. See Part IV, line 22	90,000.	90,000.						
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,	1 041 507	701 074	200 405	11 000				
	trustees, and key employees	1,041,527.	701,274.	328,425.	11,828.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	020 260	FF0 000	261 040	0 420				
7	Other salaries and wages	830,369.	559,099.	261,840.	9,430.				
8	Pension plan accruals and contributions (include	0 (00	F 0FC	2 742	0.0				
	section 401(k) and 403(b) employer contributions)	8,698.	5,856.	2,743.	99. 663.				
9	Other employee benefits	58,375.	39,305.	18,407.	1 220				
10	Payroll taxes	109,104.	73,461.	34,404.	1,239.				
11	Fees for services (nonemployees):								
	Management	27 567		27 567					
	Legal	27,567.		27,567.					
	Accounting	55,297.		55,297.					
	Lobbying								
	Professional fundraising services. See Part IV, line 17	79,498.		70 400					
f	Investment management fees	19,490.		79,498.					
g	Other. (If line 11g amount exceeds 10% of line 25,	1 206 471	026 502	256 021	22 040				
	column (A), amount, list line 11g expenses on Sch O.)	1,206,471.	926,502.	256,921. 3,549.	23,048.				
12	Advertising and promotion	3,549. 114,929.	49,642.	65,256.	31.				
13	Office expenses	36,364.	36,364.	05,250.	31.				
14	Information technology	30,304.	30,304.						
15	Royalties								
16	Occupancy	83,285.	45,752.	37,533.					
17	Travel	03,203.	45,752.	31,333.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	1,616,809.	1,571,984.	44,825.					
19	Conferences, conventions, and meetings	1,010,009.	1,3/1,304.	44,043.					
20	Interest  Reymonts to offiliates								
21	Payments to affiliates	42,315.		42,315.					
22	Depreciation, depletion, and amortization	39,123.		39,123.					
23	Insurance Other expenses. Itemize expenses not covered	55,125.		33,123.					
24	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.)	116 000	116 222						
а	Website costs	116,338.	116,338.						
b	Bad debt expense	53,500.	53,500.	16 001					
С	Licenses and fees	32,207.	15,213.	16,994.					
d	Dues and subscriptions	7,135.	3,001.	4,134.					
е	All other expenses	F (00 460	4 217 221	1 210 021	46 220				
25	Total functional expenses. Add lines 1 through 24e	5,682,460.	4,317,291.	1,318,831.	46,338.				
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)				Form <b>990</b> (2022)				
	0 10 10 00								

Form 990 (2022)

Part X | Balance Sheet

Pa	πX	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			777,972.	1	775,620.
	2	Savings and temporary cash investments			1,047,562.	2	619,148
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		498,513.	4	69,995	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	5			276,325.	9	303,185
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	307,422.			
	b	Less: accumulated depreciation	10b	231,916.	54,778.	10c	75,506
	11	Investments - publicly traded securities		4,411,392.	11	4,040,211	
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	7,066,542.	16	5,883,665		
	17	Accounts payable and accrued expenses		34,240.	17	84,037	
	18	Grants payable		18			
	19	Deferred revenue			912,368.	19	928,489
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su	bstantial (	contributor, or 35%			
<u>a</u>		controlled entity or family member of any of t		_		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24	). Complete Part X	276,150.		106 464
		of Schedule D		·····	•		196,464
	26	Total liabilities. Add lines 17 through 25			1,222,758.	26	1,208,990
S		Organizations that follow FASB ASC 958,	check her	e X			
ĕ		and complete lines 27, 28, 32, and 33.			5,843,784.		4,674,675
ala	27	Net assets without donor restrictions			3,043,704.	27	4,074,075
<u>Б</u>	28	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB AS	3 958, cn	eck nere			
<u></u>		and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current fun				29	
SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			5,843,784.	31	4,674,675
Z	32	Total liabilities and not assets (fund balances			7,066,542.	32	5,883,665
	33	Total liabilities and net assets/fund balances			1,000,342.	33	3,003,003

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u></u>				
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,4 4,9		
3	Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5						
5	Net unrealized gains (losses) on investments	5	_	-65	4,1	43.	
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	4	,67	4,6	75.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		[	2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,				
	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 th	e audit	<u>.</u> ,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	o. [				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		ıdit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

## **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

The Minority Corporate Counsel Association, Inc. 13-3920905 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Section A. Public Support  Glendaryer (or fiscal year beginning in)  Giffus, grants, contributions, and membership fees received. (Do not include any "unusual grants")  2 Tax revenues levised for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge surnished by a governmental unit to the organization or for the paid in the services of the amount shown on lines 1 through 3  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)  6 Public support, solvace has 5 how hire 4  Section B. Total Support  Callendary rays (fistal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loars, rents, royalties, and income from similar sources  9 Net income from similar sources  9 Net income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 of their income Do not include gain or loss from the sale of capital assistations, whether or not the business in segularly carried on 10 of their income Do not include gain or loss from the sale of capital assistations, whether or not the business activities, whether or not the business is regularly carried on 2022 (line 6, column (f), divided by line 11, column (f)) 12  15 First 5 years, if the Form 990 is for the organization of income the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization benefits the fracts-and-circumstances test. 2022. If the organization did not check be box on line 13, fag., and line 14 is 10% or more, and if the organization did not check be box on line 13,		(Complete only if you checke fails to qualify under the tests	d the box on line	5, 7, or 8 of Part I o	or if the organization			•
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Schedule A (Form 990) 2022

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

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

	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,788,208.	2,158,662.	3,176,201.	3,856,680.	3,947,388.	15,927,139.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	617,546.	918,607.	212,029.	169,379.	1,057,867.	2,975,428.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					l	
6	Total. Add lines 1 through 5	3,405,754.	3,077,269.	3,388,230.	4,026,059.	5,005,255.	18,902,567.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	-					0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
•	amount on line 13 for the year  Add lines 7a and 7b						0.
							18,902,567.
	Public support. (Subtract line 7c from line 6.)						10,302,307.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	3,405,754.	3,077,269.	3,388,230.	4,026,059.	5,005,255.	18,902,567.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	97,599.			160,260.		647,970.
b	and income from similar sources Unrelated business taxable income	91,599.	120,700.	100,050.	100,200.	100,005.	047,970.
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	97,599.	120,788.	100,658.	160,260.	168,665.	647,970.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			9,386.		7,000.	16,386.
13	assets (Explain in Part VI.)	3,503,353.	3,198,057.	3,498,274.	4,186,319.	5,180,920.	19,566,923.
	First 5 years. If the Form 990 is for the						
_							
	ction C. Computation of Publ		<u>-</u>				
	Public support percentage for 2022 (I			column (f))		15	96.60 %
	Public support percentage from 2021					16	96.74 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	3.31 %
18	Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	3.21 %
19a	19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	g		,	,			/Farm 000\ 2022

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	41-		
	4b		
	4-		
	4c		
	5a		
	oa		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2022

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	1-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	actructio	nol	
с 2	Activities Test. Answer lines 2a and 2b below.	istruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

13-3920905 Page 6 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2022

Scn	edule A (Form 990) 2022 ASSOCIACION, INC.		J JJZUJUJ Page /			
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions.	8				
9	Distributable amount for 2022 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) J Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7:	ii) utable for 2022
able cause required - explain in Part VI). See instructions.  3	
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and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2023. Add lines 3j and 4c.  8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	
Part VI. See instructions.  7 Excess distributions carryover to 2023. Add lines 3j and 4c.  8 Breakdown of line 7:  a Excess from 2018  b Excess from 2019  c Excess from 2020  d Excess from 2021	
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and 4c.  8 Breakdown of line 7:  a Excess from 2018  b Excess from 2019  c Excess from 2020  d Excess from 2021	
8 Breakdown of line 7:  a Excess from 2018  b Excess from 2019  c Excess from 2020  d Excess from 2021	
a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	
b Excess from 2019 c Excess from 2020 d Excess from 2021	
c         Excess from 2020           d         Excess from 2021	
d Excess from 2021	
e Excess from 2022	

Schedule A (Form 990) 2022

# The Minority Corporate Counsel Association, Inc.

Schedule A (Form 990) 2022

13-3920905 Page 8

Part V	Part IV, Se line 1; Par	<b>nental</b> ection A, I t IV, Secti	ines 1, 2, 3 on D, lines	3b, 3c, 4b, 2 and 3; F	4c, 5a, Part IV, 9	6, 9a, 9b, 9 Section E,	9c, 11a, 11b lines 1c, 2a,	, and 11c; 2b, 3a, ar	Part IV, Sed nd 3b; Part \	t II, line 17a o ction B, lines /, line 1; Part \ or any additio	1 and 2; Part V, Section B,	IV, Section C, line 1e; Part V,
	(See instru		, and o, an	idi ait v,		L, III163 Z,	5, and 6. Als	so comple	te triis part i	or arry addition	mai imormat	
Sched	dule A,	Part	III,	Line	12,	Expla	anation	n for	Other	Income	:	
Other	r Income	<b>e</b>										
2020	Amount	: \$	9,38	6.								
2022	Amount	: \$	7,00	0.								
_												

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **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

2022

Name of the organization
The Minority Corporate Counsel
Association, Inc.

Employer identification number
13-3920905

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

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

Schedule B (Form 990) (2022)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AbbVie  1 North Waukegan Road Bldg AP34-3  Chicago, IL 60064	\$7,322.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Adams & Reese  1600 West End Avenue  Nashville, TN 37203	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Agilent Technologies, Inc.  5301 Stevens Creek Blvd  Santa Clara, CA 95051	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	AIG 70 Pine Street Floor 1 New York, NY 10270	\$35,000.	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
5	Akin Gump Strauss Hauer & Feld LLP  1333 New Hampshire Ave NW  Washington, DC 20036	\$37,815 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Allstate Insurance Company  2775 Sanders Rd  Northbrook, IL 60062	\$12,322.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	Altria Client Services, Inc.  3601 Commerce Rd  Richmond, VA 23234	\$15,319.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	Altus Group Limited  33 Yonge Street	\$ 5,000.	Person X Payroll Noncash
	33 Tolige Screet	\$5,000.	(Complete Part II for
	Toronto, ON Oregon, Ontario, CANADA		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Hailie, audi 655, aliu Elf + 4	Total Colli Ibuliolis	Type of continuution
9	American Express Company 200 Vesey Street	\$ 7,322.	Person X  Payroll  Noncash
	New York, NY 10285		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ArentFox Schiff		Person X
	1717 K Street	\$ 18,438.	Payroll Noncash
	Washington, DC 20006		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Autodesk, Inc.		Person X
	1 Market Street	\$10,000.	Payroll Noncash
	San Francisco, CA 94105		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Axinn Veltrop & Harkrider LLP		Person X
	90 State House Square	\$61,610.	Payroll Noncash Complete Part II for
	Hartford, CT 06103		(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	Baker Donelson, PC  1600 West End Ave	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Person X Payroll Noncash
	Nashville, TN 37203	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Baker McKenzie		Person X Payroll
	Two Embarcadero Center	<u> </u>	Noncash (Complete Part II for
	San Francisco, CA 94111		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Banner & Witcoff, Ltd.		Person X Payroll
	71 S Wacker DR	<u> </u>	Noncash (Complete Part II for
	Chicago, IL 60606		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Barnes & Thornburg		Person X Payroll
	11 South Meridian Street	<u>\$</u> 25,000.	Noncash (Complete Part II for
	Indianapolis, IN 46204		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Barta, Jones & Foley, P.C.		Person X Payroll
	2805 Dallas Parkway	\$\$,000.	Noncash (Complete Part II for
	Plano, TX 75093		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	BASF CORPORATION		Person X Payroll
	BASF Enzymes LLC	\$\$	Noncash (Complete Part II for
	San Diego, CA 92121		noncash contributions.)

Employer identification number

Beck Redden LLP	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
Beck Redden LLP				(d) Type of contribution
No.   Name, address, and ZIP + 4   Total contributions   Type of		Beck Redden LLP  1221 McKinney St		Person X Payroll Noncash (Complete Part II for noncash contributions.)
Blank Rome LLP				(d) Type of contribution
No.   Name, address, and ZIP + 4   Total contributions   Type of Payroll		Blank Rome LLP 717 Texas Avenue		Person X Payroll Noncash (Complete Part II for noncash contributions.)
Record of the part of the pa		· ·		(d) Type of contribution
No. Name, address, and ZIP + 4  BrightHouse Financial  11225 North Community House Rd Charlotte, NC 28277  (a) (b) (c) Total contributions  Persor Payroll Nonca (Complete noncash of the contributions)  23 Bristol-Myers Squibb Company  430 E. 29th Street New York, NY 10016  (a) (b) (c) Total contributions  (b) (c) Total contributions  Persor Payroll Nonca (Complete noncash of the contributions)  (b) (c) Total contributions  Type of the contributions  Persor Payroll Nonca (Complete noncash of the contributions)  (a) (b) (c) Total contributions  Type of the contributions  Type of the contributions (Complete noncash of the contributions)  At a 15th of the contributions (Complete noncash of the contributions)  Type of the contributions (Complete noncash of the contributions)  At a 15th of the contributions (Complete noncash of the contributions)  Type of the contributions (Complete noncash of the contributions)  Type of the contributions (Complete noncash of the contributions)	21	8283 Greensboro Drive	\$\$	Person X Payroll
11225 North Community House Rd Charlotte, NC 28277  (a) No. Name, address, and ZIP + 4  Bristol-Myers Squibb Company 430 E. 29th Street New York, NY 10016  (b) Name, address, and ZIP + 4  Resorrance (Complete noncash of the company)  (c) Total contributions  Persorrance (Complete noncash of the company)  (a) No. Name, address, and ZIP + 4  Brownstein Hyatt Farber Schreck, LLP  Persorrance (Complete noncash of the company)  (a) Name, address, and ZIP + 4  Persorrance (Complete noncash of the company)  (b) Name, address, and ZIP + 4  Persorrance (Complete noncash of the company)  (c) Total contributions  Persorrance (Complete noncash of the company)  (d) No. Name, address, and ZIP + 4  Persorrance (Complete noncash of the company)  (d) No. Name, address, and ZIP + 4  Persorrance (Complete noncash of the company)  (d) No. Name, address, and ZIP + 4  Persorrance (Complete noncash of the company)  (d) No. Name, address, and ZIP + 4  Persorrance (Complete noncash of the company)  (d) No. Name, address, and ZIP + 4  Persorrance (Complete noncash of the company)  (e) No. Name, address, and ZIP + 4  Persorrance (Complete noncash of the company)  (e) No. Name, address, and ZIP + 4  Persorrance (Complete noncash of the company)  (e) No. Name, address, and ZIP + 4  Persorrance (Complete noncash of the company)		· ·		(d) Type of contribution
No. Name, address, and ZIP + 4  Total contributions Type of Person Payroll  430 E. 29th Street  New York, NY 10016  (a) (b) (c) Total contributions Type of Payroll  No. Name, address, and ZIP + 4  Brownstein Hyatt Farber Schreck, LLP  Person Payroll  110 1511 571 572 573 573 573 573 573 573 573 573 573 573	22	11225 North Community House Rd	\$8,794.	Person X Payroll
430 E. 29th Street  New York, NY 10016  (a)  No.  (b)  No.  Name, address, and ZIP + 4  Brownstein Hyatt Farber Schreck, LLP  Payroll  (Complete noncash of the street of			1	(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of Person Payroll	23	430 E. 29th Street	\$8,528.	Person X Payroll
Payroll			1	(d) Type of contribution
(Complete	24	410 17th Street	\$7,322.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Buckley LLP  1250 24th Street NW  Washington, DC 20037	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	Burlington Stores, Inc.  2006 Route 130  North Burlington, NJ 08016	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Burns White LLC  48 26th St  Pittsburg, PA 15222	\$10,000.	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
28	Butler Snow LLP  1020 Highland Colony Parkway  Ridgeland, MS 39157	\$ 28,641.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	ByteDance Inc /TikTok Room 10A Building 2 No. 48 Zhichun Road Beijing, CHINA	\$10,000.	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
30	Capital One  15000 Capital One Drive  Richmond, VA 23238	\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Caplin & Drysdale, Chartered  1 Thomas Circle N.W.  Washington, DC 20005	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	CBRE 400 S Hope Los Angeles, CA 90071	\$ 7,322.	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
33	Chime 77 Maiden Lane San Francisco, CA 94108	\$13,616.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	CIGNA Corporation  900 Cottage Grove Road  Bllomfield, CT 06002	\$ 10,000.	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
35	Cisco  170 W Tasman Dr  San Jose, CA 95134	\$\$	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
36	Citigroup Inc.  388 Greenwich Street  New York, NY 10013	\$ 7,322.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	Citizens Bank One Citizens Bank Way Johnston, RI 02919	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38	Con Edison		Person X
	950 E. State Hwy 114	\$	Payroll Noncash
	New York, NY 76092		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	Cooley LLP		Person X
	11951 Freedom Drive	\$28,641.	Payroll Noncash
	Reston, VA 20190		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	Covington & Burling LLP		Person X
	850 Tenth Street, NW	\$ 30,113.	Payroll Noncash
	Washington, DC 20001		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	Cozen O'Connor		Person X
	1650 Market Street	\$7,322.	Payroll Noncash
	Philadelphia, PA 19103		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	Crowell & Moring LLP		Person X
	1001 Pennsylvania Avenue, NW	\$11,586.	Payroll Noncash
	Washington, DC 20004		(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	Davis Polk & Wardwell LLP  450 Lexington Avenue  New York, NY 10017	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	Davis Wright Tremaine LLP  920 5th Ave  Seattle, WA 98104	\$ 43,972.	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
45	Dechert LLP  2929 Arch Street  Philadelphia, PA 19104	-   \$ <u>14,822.</u>  -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	Dell Inc.  176 South St  Hipkinton, MA 01748	* 10,000.	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
47	Dentons US LLP  303 Peachtree St NE  Atlanta, GA 30308	\$ 31,319.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	Discover Financial Services  2500 Lake Cook Rd  Riverwoods, IL 60015	\$\$8,058.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	DLA Piper LLP- US  444 West Lake Street  Chicago, IL 60606	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	Dorsey & Whitney LLP  50 South 6th St  Minneapolis, MN 55402	\$8,794.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	Dow Jones  1211 Avenue of The Americas  Ne4w York, NY 10036	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	One Energy Plaza Detriot, MI 48226	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>53</u>	Duane Morris LLP  505 9th St NW  Washington, DC 20004	\$12,322.	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
54	Eaton Corporation  1000 Eaton Blvd  Beachwood, OH 44122	\$10,000.	Person X Payroll
223452 11-1		L	Schedule B (Form 990) (2022)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>55</u>	eBay Inc.  2145 E Hamilton Ave  San Jose, CA 95125	\$ 15,558.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
56	Elarbee, Thompson, Sapp & Wilson, LLP 229 Peachtree St NE	\$ 5,000.	Person X Payroll Noncash
	Atlanta, GA 30303	\$5,000.	(Complete Part II for noncash contributions.)
	-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	Entergy Corporation 639 Loyola Ave	\$9,264.	Person X Payroll Noncash
	New Orleans, LA 70113		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	   Epiq Global		Person X
	777 3rd Avenue	\$5,000.	Payroll Noncash
	New York, NY 10017		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	Epstein, Becker & Green, PC		Person X
	1227 25th St. NW	\$	Payroll Noncash
	Washington, DC 20037		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	Eversheds Sutherland (US) LLP		Person X
	700 6th St NW	\$8,058.	Payroll Noncash
	Washington, DC 20001		(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	Exelon Corporation  10 South Dearborn Street  Chicago, IL 60603	\$7,322.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	Faegre Drinker Biddle & Reath  One Logan Square  Philadelphia, PA 19103	\$19,644.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	Fannie Mae  1100 15th St NW  Washington, DC 20005	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	Farella Braun & Martel  235 Montgomery St  San Francisco, CA 94104	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	Federal Home Loan Bank of Pittsburgh  601 Grant St  Pittsburg, PA 15219	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	Fenwick & West LLP  902 Broadway  New York, NY 10010	\$8,528.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	Finnegan, Henderson, Farabow, Garrett & Dunner, LLP  901 New York Ave NW  Washington, DC 20001	\$8,058.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	Fiserv fka First Data Corporation  5565 Glenridge Connector NE  Atlanta, GA 30342	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	Fisher & Phillips LLP  1075 Peachtree St NE  Atlanta, GA 30309	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	Flowserve  5215 N O' Conner Blvd  Irving, TX 75039	\$ 21,853.	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
71	Foley & Lardner LLP  321 N Clark Street  Chicago, IL 60654	\$9,264.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	Fox Rothchild LLP  2000 Market Street  Philadelhia, PA 19103	\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73	Freddie Mac  8250 Jones Branch Dr  McLean, VA 22102	\$6,853.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>74</u>	Freshfields Bruckhaus Deringer US LLP 601 Lexington Ave	\$ 47,322.	Person X Payroll Noncash
	New York, NY 10022	, , , , , , , , , , , , , , , , , , ,	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	
<u>75</u>	Friedman Kaplan Seiler & Adelman LLP  7 Times Square  New York, NY 10036	\$5,000.	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
<u>76</u>	Gap Inc.  2 Folsom St.  San Francisco, CA 94105	\$6,116.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>77</u>	GE Healthcare 41 Farnsworth Street Boston, MA 02110	\$8,794.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	Genentech, Inc		Person X
	410 Allerton Ave	\$10,000.	Payroll Noncash Complete Part II for
	San Francisco, CA 94080		noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>79</u>	General Motors  300 Renaissance Ctr  Detriot, MI 48243	\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
80	GlaxoSmithKline  9911 Belward Campus Dr  Rockville, MD 20850	\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
	ROCKVIIIE, MD 20030		Horicasii Contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	Goldman Sachs 200 West Street New York, NY 10282	\$ 15,089.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	Goodwin Proctor LLP 901 New York Avenue, NW Washington, DC 20001	\$ 23,082.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	Google LLC  1600 Amphitheatre Parkway  Mountain View, CA 94043	\$ 14,821.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	Greenberg Traurig  2101 L Street, N.W Suite 1000  Washington, DC 20037	\$ 20,583.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
85	Groom Law Group  1701 Pennsylvania Ave., NW  Washington, DC 20006	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
86	Han Santos 500 Union Street	\$5,000.	Person X Payroll  Noncash
	Seattle, WA 98101		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	Hanson Bridgett LLP  425 Market Street  San Francisco, CA 94105	\$19,911.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	Harrity & Harrity, LLP  11350 Random Hills Rd  Fairfax, VA 22030	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	Haynes and Boone, LLP  2323 Victory Avenue  Dallas, TX 75219	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	Haynsworth Sinkler Boyd, P.A.  ONE N. Main Street	\$8,058.	Person X Payroll
	Greenville, SC 29601		noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	Honda North America, Inc.  24000 Honda Pkwy  Marysville, OH 43040	\$ 8,794.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	Honeywell International  115 Tabor Rd  Morris Plains, NJ 07950	\$\$	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
93	Husch Blackwell LLP  120 S Riverside Plaza  Chicago, IL 60606	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	IBM Corporation  1 New Orchard Road  Armonk, NY 10504	- - \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95	Innis Law Group LLC  321 N Clark St  Chicago, IL 60654	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	Intuit Inc.  2700 Coast Avenue  Mountain View, CA 94043	- \$ 15,647.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	Jackson Lewis P.C.  10701 Parkridge Blvd  Reston, VA 20191	\$10,000.	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
98	JAMS  18881 Von Karman  Irvine, CA 92612	\$9,089.	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
99	Jenner & Block  353 N. Clark Street  Chicago, IL 60654	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_100	JM Family Enterprises, Inc.  100 Jim Moran Blvd  Deerfield Beach, FL 33442	\$8,794.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_101	JM Smucker Company  1 Strawberry Lane Orrville, OH 44667	\$ 10,000.	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
223452 11-1	Johnson & Johnson Services, Inc.  1 Johnson And Johnson Plaza  New Brunswick, NJ 08933	\$ 8,058.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<pre>K&amp;L Gates LLP 210 6th St Pittsburg, PA 15222</pre>	\$	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
104	Katten Muchin Rosenman LLP  525 West Monroe  Chicago, IL 60613	\$14,911.	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
_105	Kayne Anderson Capital Advisors, L.P.  811 Main Street  Houston, TX 77002	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	Keller and Heckman LLP  1001 G Street, NW  Washington, DC 20001	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	King & Spalding  1180 Peachtree Street Northeast  Atlanta, GA 30309	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_108	Kirkland & Ellis LLP  601 Lexington Ave  New York, NY 10022	\$\$	Person X Payroll
223452 11-1		1	Schedule B (Form 990) (2022)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	Kramer Levin Naftalis & Frankel LLP  1177 6th Avenue  New York, NY 10036	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	Kramon & Graham  One South Street  Baltimore, MD 21202	- - \$\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_111	Latham & Watkins  1271 Avenue of The Americas  New York, NY 10022	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_112	LexisNexis  230 Park Avenue  New York, NY 10169	\$ 14,555.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	LexisNexis Risk Solutions Inc.  1000 Alderman Drive  Alpharetta, GA 30005	- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Lincoln Financial  1455 Pennsylvania Avenue, NW  Washington, DC 20004	\$ 39,021.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	Littler Mendelson P.C.  1201 Walnut Street  Kansas City, MO 64106	\$32,791.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	Locke Lord  2200 Ross Avenue  Dallas, TX 75201	\$7,322.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_117	Lyondell Basell  1221 McKinney St # 300  Houston, TX 77010	\$16,763.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_118	Manatt Phelps & Phillips LLP  11355 W Olympic Blvd  Los Angeles, CA 90064	\$ 17,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	Mastercard Inc.  2000 Purchase Street  Purchase, NY 10577	\$8,794.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	McDermott Will & Emery LLP  444 W. Lake Street	\$17,322.	Person X Payroll
223452 11-1	Chicago, IL 60606		noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	McGuireWoods, LLP  800 E Canal St  Richmond, VA 23219	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122	Microsoft  1 Microsoft Way  Redmond, WA 98052	\$ 172,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_123	Merck & Co., Inc.  2000 Galloping Hill Road  Kenilworth, NJ 07033	\$\$16,764.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	Meta Platforms, Inc. fka Facebook  1 Hacker Way  Menlo Park, CA 94025	* 7,524.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125	MetLife, Inc.  200 Park Avenue  New York, NY 10166	\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_126	Meyers Nave 600 B Street San Diego, CA 92101	\$	Person X Payroll
000450 44 4		•	Cabadula D (Farm 000) (0000)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
127	Milbank LLP  55 Hudson Yards  New York, NY 10001	\$7,322.	Person X Payroll
	New TOTA, NT TOUGT		Tioricasii contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128	Miller & Chevalier		Person X
	900 16th Street NW	\$5,000.	Payroll Noncash
	Washington, DC 20006		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129	Mitchell Silberberg & Knupp LLP  2049 Century Park E  Los Angeles, CA 90067	\$8,058.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	Mondelez International (Mondelez Global)  3 Parkway N  Deerfield, IL 60015	\$10,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_131	Morgan Stanley  1585 Broadway  New York, NY 10036	\$8,058.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132	Morgan, Lewis & Bockius, LLP		Person X Payroll
	1111 Pennsylvania Ave NW	\$ 22,750.	Noncash (Complete Part II for
	Washington, DC 20004		noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_133	Munger Tolles & Olson, LLP  350 S Grand Ave  Los Angeles, CA 90071	\$\$	Person X Payroll
(-)	(6)	(-)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134	Nationwide		Person X
	One Nationwide Plaza	\$8,794.	Payroll Noncash
	Columbus, OH 43215		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_135	Nelson Mullins Riley & Scarborough LLP  1320 Main Street  Columbia, SC 29201	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136	New York Life Insurance Company		Person X Payroll
	51 Madison Avenue	\$	Noncash
	New York, NY 10010		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_137	Nexsen Pruet, LLC		Person X
	1230 Main Street	\$10,000.	Payroll Noncash
	Columbia, SC 29201		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138	Nike		Person X
	One Bowerman Drive	\$ 50,000.	Payroll Noncash  (Complete Part II for
000450 11 1	Beaverton, OR 97005		noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_139	Nokia Corporation 600-700 Mountain Avenue Murray Hill, NJ 07974	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140	Northrop Grumman One Hornet Way El Segundo, CA 90245	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_141	Nossaman LLP  777 South Figueroa Street  Los Angeles, CA 90017	\$8,058.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142	Ogletree, Deakins, Nash, Smoak & Stewart, P.C.  111 Monument Circle  Indianapolis, IN 46204	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143	Orrick, Herrington & Sutcliffe LLP  405 Howard St  San Francisco, CA 94105	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144	Paul Hastings LLP  515 South Flower Street  Los Angeles, CA 90071	\$8,528.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
145	Paul, Weiss, Rifkind, Wharton & Garrison LLP  201 Park Ave  New York, NY 10166	\$	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
146	Pearne & Gordon LLP		Person X Payroll
	1801 East 9th Street	\$5,000.	Noncash (Complete Part II for
	Cleveland, OH 44114		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147	PepsiCo, Inc. 700 Anderson Hill Rd	\$10,000.	Person X Payroll Noncash (Complete Part II for
	Purchase, NY 10577		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148	Perkins Coie LLP		Person X Payroll
	1201 Third Avenue	\$ 16,496.	Noncash
	Seattle, WA 98101		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149	Pfizer		Person X
	235 East 42nd Street	\$36,610.	Payroll Noncash  (Complete Part II for
	New York, NY 11017		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150	Pillsbury Winthrop Shaw Pittman LLP		Person X
	909 Fannin Street	\$ 23,794.	Payroll Noncash (Complete Part II for
	Houston, TX 77010		noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>151</u>	Proskauer Rose LLP  Eleven Times Square  New York, NY 10036	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152	Quarles & Brady LLP  411 E Wisconsin Ave  Milwaukee, WI 53202	\$8,058.	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
_153	Reed Smith LLP  355 South Grand Avenue  Los Angeles, CA 90071	\$32,322.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154	Regions Bank  1900 5th Avenue North  Birmingham, AL 35203	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155	Reising Ethington PC  755 W. Big Beaver Rd.  Troy, MI 48084	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>156</u>	Richards, Layton & Finger, P.A.  One Rodney Square  Wilmington, DE 19801	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_157	Ripple 315 Montgomery St San Francisco, CA 94104	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158	Ropes & Gray LLP  1211 6th Avenue  New York, NY 10036	\$ 31,586.	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
_159	Saul Ewing Arnstein & Lehr LLP  1500 Market Street  Philadelphia, PA 19102	\$8,058.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160	Scott Douglass & McConnico LLP  303 Colorado Street  Austin, TX 78701	\$ 5,000.	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
161	Seagate Technology  47488 Kato Rd  Fremont, CA 94538	\$8,794.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162	Seyfarth Shaw LLP  560 Mission Street  San Francisco, CA 94105	\$ 35,874.	Person X Payroll

Employer identification number

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		
163	Shell Oil Company  910 Louisiana Street  Houston, TX 77002	\$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		
164	Sheppard, Mullin, Richter & Hampton LLP  333 S. Hope Street Los Angeles, CA 90071	\$18,705.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
165	Shook, Hardy & Bacon LLP  2555 Grand Blvd  Kansas City, MO 64108	\$ <u>14,911.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
166	Skadden, Arps, Slate, Meagher & Flom LLP  4 Times Square  New York, NY 10036	\$17,969.	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		
167	Sony Interactive Entertainment  2207 Bridgepointe Pkwy  San Mateo, CA 94404	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
168	South Jersey Industries  1 South Jersey Plaza  Folsom, NJ 08037	\$5,000.	Person X Payroll		
223452 11-1			noncash contributions.)		

Name of organization
The Minority Corporate Counsel
Association, Inc.

Employer identification number

13-3920905

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution St. Jude Children's Research Hospital 169 X Inc. Person Payroll 262 Danny Thomas Place 5,000. Noncash (Complete Part II for Memphis, TN 38105 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution State Farm Mutual Automobile Insurance 170 Company Person Payroll 7,322. One State Farm Plaza Noncash (Complete Part II for Bloomington, IL 61710 noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 171 Stevens & Lee, P.C. X Person Payroll 111 N 6th St. 10,000. Noncash (Complete Part II for Reading, PA 19601 noncash contributions.) (a) (c) (d) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 172 Stradley Ronon Stevens & Young, LLP Person Pavroll 100 Park Avenue 10,000. Noncash (Complete Part II for New York, NY 10017 noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 173 Taft Law X Person Payroll 200 Public Square 8,058. Noncash (Complete Part II for Cleveland, OH 44114 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 174 Tangible Limited X Person Pavroll The Oast Emr Centre 5,000. Noncash (Complete Part II for Kent, UNITED KINGDOM ME19 6BJ noncash contributions.)

Employer identification number

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			
<u>175</u>	Tapestry  10 Hudson Yards  New York, NY 10001	\$8,058.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
176	Target  1000 Nicollet Mall  Minnaepolis, MN 55403	\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>177</u>	Textron, Inc.  40 Westminster Street  Providence, RI 02903	\$	Person X Payroll			
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
178	The Trade Desk  42 N Chestnut Street  Ventura, CA 93001	\$ 8,058.	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			
179	The Vanguard Group, Inc.  100 Vanguard Blvd  Malvern, PA 19355	\$8,528.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_180	The Webb Law Firm  420 Ft. Duquesne Blvd  Pittsburgh, PA 15222	\$5,000.	Person X Payroll			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
181	Thermo Fisher Scientific  5823 Newton Drive  Carlsbad, CA 92008	\$15,089.	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
182	Thompson Coburn LLP One US Bank Plaza	\$8,058.	Person X Payroll		
	St. Louis, MO 63101		noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_183	Thomson Reuters  3 Times Square  New York, NY 10036	\$19,175.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
184	Tractor Supply Company  5401 Virginia Way  Brentwood, TN 37027	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
185	Trane Technologies, Inc.  800 Beaty St  Davidson, NC 28036	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
186	TransUnion LLC		Person X		
	555 W Adams St.	\$10,000.	Payroll Noncash (Complete Part II for		
	Chicago, IL 60661		noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	Troutman Pepper fka Troutman Sanders, LLP  401 9th St N.W.  Washington, DC 20004	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_188	Tyson  2200 W Don Tyson Pkwy  Springdale, AR 72762	\$11,432.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189	U.S. Chamber Institute for Legal Reform (ILR)  1615 H St, NW  Washington, DC 20062	\$17,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190	Uber  1455 Market St  San Francisco, CA 94103	\$ 10,000.	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
191	Under Armour, Inc.  1020 Hull Street  Baltimore, MD 21230	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192	Unite Us 217 Broadway New York, NY 10007	\$10,000.	Person X Payroll

Name of organization
The Minority Corporate Counsel
Association, Inc.

Employer identification number

13-3920905

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution United Services Automobile Association, """"USAA"""" 193 X Person Payroll 9800 Fredericksburg Rd. 31,027. Noncash (Complete Part II for San Antionio, TX 78249 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 194 UnitedHealth Group Person Payroll 12700 Whitewater Drive 10,000. Noncash (Complete Part II for Minnetonka, MN 55343 noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 195 US Steel X Person Payroll 600 Grant Street 5,000. Noncash (Complete Part II for Pittsburg, PA 15219 noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 196 Venable LLP Person Pavroll 600 Massachusetts Avenue 18,438. Noncash (Complete Part II for Washington, DC 20001 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 197 Venerable Holdings, Inc. X Person Payroll 1475 Dunwoody Drive 5,000. Noncash (Complete Part II for West Chester, PA 19380 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 198 Verizon Communications Person Pavroll 1 Verizon Way 12,144. Noncash (Complete Part II for Basking Ridge, NJ 07920 noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	ViacomCBS/ fka Showtime CBS Corporation  1515 Broadway New York, NY 10003	\$ 29,846.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200	Visa Inc.  1 Market St.  San Francisco, CA 94105	\$9,264.	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
201	VMware Inc.  3401 Hillview Ave  Palo Alto, CA 94304	\$ <u>16,966.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202	VSPVision  3333 Quality Drive  Rancho Cordova, CA 95670	\$ 10,000.	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
203	Walmart, Inc.  702 SW 8th St  Bentonville, AR 72716	\$ 22,589.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
204	Wells Fargo Corp  3440 Flair Dr.  El Monte, CA 91731	\$ 7,322.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
205	Wendy's  1 Dave Thomas Boulevard  Dublin, OH 43017	\$8,794.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
206	White & Case		Person X Payroll		
	1221 Avenue of the Americas	\$\$	Noncash		
	New York, NY 10020		(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
207	Wiley Rein 2050 M Street N.W.	\$8,058.	Person X  Payroll   Noncash		
	Washington, DC 20036		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
208	WilmerHale		Person X		
	1875 Pennsylvania Ave NW	\$33,463.	Payroll Noncash		
	Washington, DC 20036		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
209	Winston & Strawn, LLP		Person X		
	35 W Wacker Dr	\$31,319.	Payroll Noncash		
	Chicago, IL 60601		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
210	Workday		Person X		
	6110 Stoneridge Mall Road	\$6,586.	Payroll Noncash (Complete Part II for		
	Pleasanton, CA 94588		noncash contributions.)		

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	Young Conaway Stargatt & Taylor, LLP  1000 North King Street  Wilmington, DE 19801	\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
The Minority Corporate Counsel
Association, Inc.

Employer identification number

13-3920905

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

Name of organization Employer identification number The Minority Corporate Counsel Association, Inc. 13-3920905 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space 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 (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 ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The Minority Corporate Counsel Association, Inc.

Employer identification number 13-3920905

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		Similar Funds o	r Accounts. Complete if the
	organization anowored 100 or 1000, 1 are 14, iii	(a) Donor advise	d 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		eld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	ny other purpose co	nferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Ye	s" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	nistorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the or	ganization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		tion, handling of	
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	a easements during the year
•	Amount of expenses incurred in monitoring, inspecting, many	ulling of violations, and en	lording conservation	reasements during the year
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statement	s that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	of Art, Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that des	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in further	ance 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 tre	easures, or other similar a	ssets for financial ga	ain, provide
	the following amounts required to be reported under FASB ${\it A}$			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

	t III Organizations Maintaining Co	ollections of A	t. Hist	orical Tr	easures. o	or Othe	er Simil	ar Asse	ts/contin		ige <b>z</b>
	<u> </u>									ucu)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):		П.								
а	Public exhibition	d			change progra	am					
b	Scholarly research	е		Other							
С											
4											
5	During the year, did the organization solicit or							_	_		1
_	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered	"Yes" on	Form 990	0, Part IV,	line 9, or		
	reported an amount on Form 990, Part	•									
1a	Is the organization an agent, trustee, custodia								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	escrow or c	ustodial acco	ount liabil	lity?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										l
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo							
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	<b>(d)</b> Three y	years back	(e) Four	years l	oack
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
	The state of the s										
g	End of year balance	nt veer and belone	o (lino 1	a solumn (	a)) bald as:						
2		•		g, coluitiii (	a)) Helu as.						
a	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С	Term endowment%	_									
	The percentages on lines 2a, 2b, and 2c should be a sh	•					_				
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are held a	and administe	ered for t	he		г	· ·	
	organization by:									Yes	No
	(i) Unrelated organizations								. 3a(i)		
	(ii) Related organizations								. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat				)				. 3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o		(b) Cost	t or other		ccumulate		(d) Book	value	÷
		basis (investn	nent)	basis	(other)	dep	oreciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				00,361.		89,1			L,24	
	Other			20	7,061.	-	142,7	97.	64	1,26	<u>54.</u>
	. Add lines 1a through 1e. (Column (d) must eq		X. colun	nn (B), line	10c.)				7!	5,50	<u> </u>

	y corporate c	Journsei	
Schedule D (Form 990) 2022 Association	, Inc.	-	13-3920905 <sub>Page</sub> 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	1 015
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )		
Part X Other Liabilities.	, , , , , , , , , , , , , , , , , , , ,		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line	25
(a) Description of liability		7 170 01 111. 000 1 0111 000, 1 are x, iiii	(b) Book value
			(b) Book value
(1) Federal income taxes (2) Accrued expenses			196,464.
			190,404
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

196,464.

(9)

Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per R	eturr	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, li				
1	Total revenue, gains, and other support per audited financial statements			1	4,945,177.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-654,143.		
b	Donated services and use of facilities		511,324.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-142,819.
3	Subtract line <b>2e</b> from line <b>1</b>			3	5,087,996.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		79,498.		
b	Other (Describe in Part XIII.)	4b			<b>70.400</b>
С	Add lines 4a and 4b			4c	79,498
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		5	5,167,494.
Par	rt XII Reconciliation of Expenses per Audited Financial St		n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li				
1	Total expenses and losses per audited financial statements			1	6,114,286.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		511,324.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	511,324.
3	Subtract line 2e from line 1			3	5,602,962.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,498.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	79,498.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	5,682,460.
Par	rt XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional inform	mation.		
Par	ct X, Line 2:				
Mar	nagement has evaluated the Association'	's tax pos	itions and	. COI	ncluded
tha	at there are no uncertain tax positions	s that qua	lify for e	ith	er
rec	cognition or disclosure in the accompar	nying fina	ncial stat	eme	nts.

#### SCHEDULE I (Form 990)

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

es | **2022** 

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization The Minority Corporate Counsel							Employer identification number		
Associati		13-3920905							
Part I General Information on Grants a	and Assistance								
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?								
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any		
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
Council on Legal Education							2022 Pre-Law Summer		
Opportunity Inc 2800 Eisenhower							Institute - 20 Pre-Law		
Avenue, Ste. 220-41 - Alexandria,							Scholarships for		
<u>VA 22314</u>	45-4462410	501(c)(3)	30,000.	0.			students.		
2 Enter total number of section 501(c)(3) a  5 Enter total number of other organization			he line 1 table				1. 0.		

Schedule I (Form 990) 2022

New Winners 6 60,000. 0.  Scholars 3 30,000. 0.  PartIV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2:  Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for qualified tuition expenses.	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2:  Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for		recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2: Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2: Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2:  Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for	New Winners	6	60,000.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2:  Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2:  Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for						
Part I, Line 2: Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for	Scholars	3	30,000.	0.		
Part I, Line 2: Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for						
Part I, Line 2: Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for						
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Part I, Line 2: Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for						
Part I, Line 2: Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for						
Scholarship money is paid directly to an accredited educational institution in the name of the scholarship recipient to ensure the funds are used for	Part IV Supplemental Information. Provide the information.	ation required in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
in the name of the scholarship recipient to ensure the funds are used for	Part I, Line 2:					
in the name of the scholarship recipient to ensure the funds are used for	Saholarahin monov is paid dire	atly to an a	aaroditod	odugationa	1 ingtitution	
	scholarship money is paid dire	ectry to an a	ccrearcea	educaciona	I Inscitution	
qualified tuition expenses.	in the name of the scholarshi <u>r</u>	recipient t	o ensure t	he funds a	re used for	
qualified tuition expenses:	qualified tuition expenses					
	quarrired curcion expenses:					

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

The Minority Corporate Counsel Association, Inc.

Employer identification number 13-3920905

	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		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		X
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	1	l

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

Schedule J (Form 990) 2022

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	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Jean Lee	(i)	377,869.	110,500.	52.	12,200.	29,131.	529,752.	0.
President and CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Sophia Piliouras	(i)	224,726.	42,411.	9,839.	8,616.	20,552.	306,144.	0.
Chief Operating Officer & Corporate	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Brenda Camacho	(i)	190,051.	0.	0.	4,016.	6,695.	200,762.	0.
Chief Financial Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	164,400.	19,375.	0.	7,425.	5,344.	196,544.	0.
Vice President, Operations & Strateg	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Michael W. Thompson	(i)	157,527.	0.	0.	2,817.	7,531.	167,875.	0.
DEI Practice Lead	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022	Association,	Inc.	13-3920905	Page 3
Part III Supplemental Information	on			
Provide the information, explanation	n, or descriptions required f	Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, ar	nd 8, and for Part II. Also complete this part for any additional informati	on.

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

The Minority Corporate Counsel Association, Inc.

Employer identification number 13-3920905

Form 990, Part III, Line 4d, Other Program Services:

MCCA helps diverse attorneys advance within the legal profession by equipping them with the skills, connections, and opportunities they need to succeed and excel.

Additionally, MCCA makes law firms and legal departments more diverse, equitable, and inclusive by helping them change their culture and connecting them with diverse candidates.

Expenses \$ 415,793. including grants of \$ 0. Revenue \$ 114,073.

Scholarship: MCCA provides financial support to individuals that have been accepted to an accredited U.S. Law School and have demonstrated leadership and an interest in and commitment to diversity.

Job Bank: MCCA generates revenue from members' posting of ads online on Boxwood.

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

An outside professional firm prepares the Form 990. Upon receipt of the draft 990, the President & CEO reviews the return and sends it to the Executive Committee for review and approval via email.

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

The conflict of interest policy was distributed in 2022 and members of the Executive Committee were asked to return the signed copies.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization The Minority Corporate Counsel Association, Inc.	Employer identification number 13-3920905
Form 990, Part VI, Section B, Line 15:	
The President & CEO reviews the salary information and pr	rovides market
information to the Executive Committee. The salary and bo	onuses of employees
is reviewed by the Board prior to the implementation of a	any changes.
Form 990, Part VI, Section C, Line 19:	
This information is made available to the public upon rec	quest.
	_
Form 990, Part IX, Line 11g, Other Fees:	
Payroll processing fees:	
Program service expenses	0.
Management and general expenses	5,255.
Fundraising expenses	0.
Total expenses	5,255.
Temp and contract support:	
Program service expenses	7,832.
Management and general expenses	13,005.
Fundraising expenses	0.
Total expenses	20,837.
Professional development:	
Program service expenses	82,697.
Management and general expenses	137,303.
Fundraising expenses	0.
Total expenses	220,000.
Contracted and temporary help:	
contracted and temporary neip:	Schedule 0 (Form 990) 2022