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Return of Organization Exempt From Income Tax

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

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



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

Depa						Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending					Inspection		
AF	or the			and	ending		
B C a	heck if pplicable	e: C Name o	of organization			D Employer identific	ation number
	Addres	e THE	CLARA LIONEL FOUND	ATION			
	Name Change	e Doing b	ousiness as			45-562052	21
	Initial return	Number	r and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telephone number	
	Final return/	, C/O	FFO, 545 FIFTH AVE	NUE	1100	212-202-3	3230
	termin- ated		town, state or province, country, and	I ZIP or foreign postal code		G Gross receipts \$	26,780,849.
	Amended NEW YORK, NY 10017 H(a) Is this a group retu						turn
						for subordinates	
	pending 545 FIFTH AVE, STE 1100, NEW YORK, NY 10017 H(b) Are all subordinates i						
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. S							
J۷	Vebsit	te: 🕨 WWW .	CLARALIONELFOUNDAT	ION.ORG		H(c) Group exemptior	n number 🕨
ΚF	orm of	organization:	X Corporation Trust A	Association 🔄 Other 🕨	L Year		I State of legal domicile: CA
Pa	art I	Summary	1				
	1	Briefly describ	be the organization's mission or mos	t significant activities:CLF	INVES	TS IN CLIMAT	E JUSTICE
nce		INITIAT	IVES IN THE CARIBB	EAN & UNITED STA	TES AN	ID HELPS COM	MUNITIES
rna	2	Check this bo	ox 🕨 🔲 if the organization disco	ontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of vo	ting members of the governing body	(Part VI, line 1a)			8
Ğ	4	Number of ind	dependent voting members of the go	overning body (Part VI, line 1b)			8
es 8	5	Total number	of individuals employed in calendar	year 2021 (Part V, line 2a)		5	3
vitie	6	Total number	of volunteers (estimate if necessary)			6	9
Activities & Governance	7 a	Total unrelate	ed business revenue from Part VIII, c	olumn (C), line 12			0.
_	b	Net unrelated	l business taxable income from Form	1990-T, Part I, line 11		7b	0.
						Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)			51,549,018.	23,306,254.
nuə		•				0.	0.
Revenue			come (Part VIII, column (A), lines 3, 4			255,347.	290,255.
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)		0.	0.
			e - add lines 8 through 11 (must equa			51,804,365.	23,596,509.
	13	Grants and si	milar amounts paid (Part IX, column	(A), lines 1-3)		32,973,433.	7,488,601.
		•	to or for members (Part IX, column (0.	0.
es	15	Salaries, othe	er compensation, employee benefits	(Part IX, column (A), lines 5-10)		471,178.	556,172.
sue	16a	Professional f	er compensation, employee benefits fundraising fees (Part IX, column (A), sing expenses (Part IX, column (D), lir	line 11e)		0.	0.
Expenses					08.		
ш	''	•	es (Part IX, column (A), lines 11a-11c	, , , , , , , , , , , , , , , , , , , ,		759,011.	862,550.
			es. Add lines 13-17 (must equal Part			34,203,622.	8,907,323.
		Revenue less	expenses. Subtract line 18 from line			17,600,743.	14,689,186.
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year
sset 3ala	20					30,340,502.	44,086,810.
et A nd F	21		s (Part X, line 26)			798,051.	<u>114,200.</u> 43,972,610.
		Net assets or Signatur	fund balances. Subtract line 21 fron	n line 20		29,542,451.	43,972,010.
	art II	-		including coopprantice ackedule	o ond ot-t	nto and to the bast of more	Inourladge and balled it '-
			I declare that I have examined this return				knowledge and belief, it is
true,	correc	n, and complete	e. Declaration of preparer (o ther t han offic	is based on all information of w	nich preparer		<u>ົ</u>
<u>.</u>		Signatur	re of officer			11/14/202 Date	۷
Sigr		· ·		د		υαισ	
Her	е		I ROSALES, CFO				
				Dronorovitaignoturo	١٢)ate Check	PTIN

	Print/Type preparer's name	Preparer	004	Date	Check	PTIN	
Paid	FREDERICK E. DAVIS JR.		CPA	10/20/22	self-employed P	0044602	3
Preparer	Firm's name MITCHELL & TITUS	, LLP		Firm's	EIN 🕨 13-1	2781641	
Use Only	Firm's address 💊 80 PINE STREET,	32ND FL			-		
	NEW YORK, NY 100	05		Phone	no.(212)	709-45	00
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e. see the separate i	nstructions.			Form 990 ((2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2021) THE CLARA LIONEL FOUNDATION 45-5620521 Pa
Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: CLF INVESTS IN CLIMATE JUSTICE INITIATIVES IN THE CARIBBEAN & UNITED
	STATES AND HELPS COMMUNITIES PREPARE FOR AND WITHSTAND NATURAL
	DISASTERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	CLIMATE RESILIENCE & EMERGENCY RESPONSE - WE SEEK TO BRIDGE THE
	HUMANITARIAN AND CLIMATE SECTORS IN ORDER TO ALLEVIATE POVERTY AND
	BUILD RESILIENCE. AT THE HEART OF THIS WORK IS OUR CLIMATE RESILIENCE
	INITIATIVE A STRATEGIC VEHICLE FOCUSED ON INVESTING PHILANTHROPIC
	DOLLARS ACROSS MULTIPLE DIMENSIONS OF EMERGENCY PREPAREDNESS WHILE
	SCALING CLIMATE CHANGE SOLUTIONS ACROSS THE CARIBBEAN. BY INVESTING IN
	PREPAREDNESS AND WORKING WITH ON-THE-GROUND PARTNERS, WE ARE ENABLING
	MORE COMMUNITIES TO BETTER WITHSTAND NATURAL DISASTERS BEFORE THEY HIT.
4b	(Code:) (Expenses \$4,098,372. including grants of \$3,975,000.) (Revenue \$
	CLIMATE JUSTICE - WE BELIEVE IN THE POWER OF COLLECTIVE ACTION TO
	COMBAT RACIAL AND SOCIOECONOMIC DISPARITIES SO THAT ALL PEOPLE CAN
	THRIVE, NO MATTER WHERE THEY LIVE. WE SUPPORT GRASSROOTS ORGANIZATIONS
	FIGHTING FOR SYSTEMS AND POLICY CHANGE ON BEHALF OF BIPOC POPULATIONS IN ORDER TO BUILD A MORE EQUITABLE FUTURE FOR ALL, NOT JUST SOME.
	IN ORDER TO BUILD A MORE EQUITABLE FUTURE FOR ALL, NOT UUST SOME.
4c	(Code:) (Expenses \$1, 284, 668. including grants of \$1, 161, 297.) (Revenue \$]
	LEGACY - AS A THROUGHLINE OF THESE CORE STRATEGIC PILLARS IS A THIRD
	STRATEGIC FOCUS: THE CONTINUATION OF OUR LEGACY PROJECTS PORTFOLIO. THE
	ORIGIN STORY OF OUR LEGACY WORK BEGAN IN BARBADOS WITH AN INAUGURAL
	GRANT TO THE QUEEN ELIZABETH HOSPITAL AND HAS CONTINUED TO TAKE ITS
	CUES FROM OUR FOUNDER'S DEDICATION TO UNLOCKING THE POTENTIAL OF
	UNDERSERVED COMMUNITIES, PARTICULARLY WOMEN AND CHILDREN, IN HER NATIVE
	CARIBBEAN COUNTRY AND THE U.S.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 7,858,715.
4e	(Expenses \$ including grants of \$) (Revenue \$)

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Form 990 (2021) THE CLARA LIONEL FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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Form 990 (2021) THE CLARA LIONEL FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		- 23
D	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? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0 -	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			v
<u></u>	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Vac	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2021) THE CLARA LIONEL FOUNDATION 45-5620	521	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	50		
Ha		1		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of quanted intellectual property, did the organization life i of the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		
•	sponsoring organization have excess business holdings at any time during the year?	•		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
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	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
		13		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
<i></i>	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
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 Form 990 (2021)
 THE CLARA LIONEL FOUNDATION
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

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

tion A. Coverning Body and Management	
Check if Schedule O contains a response or note to any line in this Part VI	

1-	Enter the number of voting members of the governing body at the and of the tax year	1 40		8		Yes	N			
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>								
	If there are material differences in voting rights among members of the governing body, or if the governing									
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	16		8						
-	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship	1b	unv othor							
2					2	Х				
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			····· –	2	- 23				
5	of officers, directors, trustees, or key employees to a management company or other person?		•		3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X			
6	Did the organization have members or stockholders?				6		X			
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap			····· -	<u> </u>					
74	more members of the governing body?	-			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockhol	ders, or							
	persons other than the governing body?				7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:							
	The governing body?				Ba	X				
b	Each committee with authority to act on behalf of the governing body?				Bb	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						_			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)							
				Г		Yes	N			
	Did the organization have local chapters, branches, or affiliates?			[1	0a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•								
	and branches to ensure their operations are consistent with the organization's exempt purposes?				0b	77				
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the fo	rm?	1a	Х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				_	37				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a	X				
				1	2b	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,			_	v				
_	on Schedule O how this was done				2c	X				
13	Did the organization have a written whistleblower policy?				13	X X				
4	Did the organization have a written document retention and destruction policy?			······ ·	14	<u> </u>				
5	Did the process for determining compensation of the following persons include a review and approva	al by inc	lependent							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				- -	х				
	The organization's CEO, Executive Director, or top management official				5a 51	X				
α	Other officers or key employees of the organization			····· ۲	5b	л				
6-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		th a							
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?				62		X			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			·····	6a					
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-							
	exempt status with respect to such arrangements?				6b					
bec [.]	tion C. Disclosure	<u></u>			00					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA , NY									
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990.	T (section 50	1(c)(3)s 0	alv) s	availat	ماد			
0	for public inspection. Indicate how you made these available. Check all that apply.	10 000	1 (3001011 00		iiy) c	i vanai	510			
	Own website Another's website X Upon request Other (explain)	n on 60	hadula ()							
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			cv. and fi	าลกด	ial				
	statements available to the public during the tax year.			- <i>,</i> and m	.and					
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records									
	IVAN ROSALES - (909)-553-4751									
	545 FIFTH AVENUE SUITE 1100, NEW YORK, NY 10017									
						990	(00)			

Т

(_)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	ent Contrac	tors		

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

(D)

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

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

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

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

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

()

(D)

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

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

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

(. .

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

(A)	(B)	(B) (C)			(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruster			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altru	nal t		loye(e com		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	en Hig	For			
(1) ROBYN R FENTY	3.00									
FOUNDER	0.00	Х						0.	0.	0.
(2) JUSTINE LUCAS	40.00									
EXE. DIRECTOR	0.00			Х				233,343.	0.	15,368.
(3) MARTHA FIONA KORWIN-PAWLOWSKI	40.00									
SENIOR PROGRAM DIRECTOR	0.00			х				155,000.	0.	9,600.
(4) MAI LASSITER	3.00							,		
PRESIDENT	0.00	х		х				0.	0.	0.
(5) KAWANNA BROWN	3.00									
VICE PRESIDENT	0.00	х		х				0.	0.	0.
(6) CHERYL ALSTON	3.00									
DIRECTOR	0.00	х						0.	0.	0.
(7) JAY BROWN	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) MONICA FENTY BRAITHWAITE	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) LUKAS HAYNES	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) TAMARA LARSEN	3.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(11) JESSIE SCHUTT-AINE	3.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(12) EVAN JEHLE	3.00									-
CFO	0.00			Х				0.	0.	0.
			$\left - \right $							
122007 12 00 21	1	I			I	1	I	1		Form 990 (2021)
132007 12-09-21										(2021)

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2021.05000 THE CLARA LIONEL FOUNDATI 149033-1

	990 (2021) THE CLARA									45-56	520!	521	Pa	.ge 8
Par	t VII Section A. Officers, Directors, Trust (A)	(B)	oloy		(0	C)		t C	ompensated Employee (D)	s <u>(continued)</u> (E)			(F)	
	Name and title	Average hours per week (list any hours for related organizations below line)	box	not c , unle:	ss per	more son i irecto	Highest compensated ts of the standard ts of the st	an	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensatio from related organizations (W-2/1099-MIS 1099-NEC)	5	am comp fro orga anc	imated ount c other pensat om the anizatio I relate nizatio	of ion e on ed
1b	Subtotal		<u> </u>	<u> </u>				•	388,343.		0.	24	1,96	58.
	Total from continuation sheets to Part VII, Total (add lines 1b and 1c)							> >	0.		0. 0. 0. 24,968.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				2
3	Did the organization list any former officer,	,	,		•	,	,		, , ,	5	[3	Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the sur and related organizations greater than \$150	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." comb</i>	ccrue compen	Isati	on fr	roma	any	unre	late	ed organization or individ	lual for services		5		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest con										ensat	ion fro	m	
	the organization. Report compensation for the (A)	he calendar ye	ear e	ndir	ng wi	ith c	or wit	hin:	(B)			(C)	
	Name and business a NNA OPOT, 545 FIFTH AV		UI	TE	1	10	0,		Description of s		C	omper		
NEV	V YORK, NY 10017								DEVELOPMENT			206	5,89	92.
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	d to t	thos 1		ted	above) who received mo	ore than				
	,	F										Form S	990 (2	021)

132008 12-09-21

(2021)

					RA L	IOI	NEL FOUNI	DATION		45-5620	521 Page 9
Pa	rt \	/111									
			Check if Schedule O c	contains	a respor	ise d	or note to any lin		(D)	(0)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
											sections 512 - 514
nts Dts	1	а	Federated campaigns								
Contributions, Gifts, Grants and Other Similar Amounts											
An C			Fundraising events								
lar İar			Related organizations								
js,			Government grants (contri								
er tio		f	All other contributions, gifts,				00.006.054				
jë Đ			similar amounts not included				23,306,254.				
ont		-	Noncash contributions included in I					23 306 254			
0 0		n	Total. Add lines 1a-1f				Business Code	23,306,254.			
							Business Code				
/ice	2	a b									
Serv		c									
E S		d									
Program Service Revenue		e				_					
Pro		f	All other program service	revenue							
			Total. Add lines 2a-2f				►				
	3		Investment income (includ								
			other similar amounts)				►	290,255.			290,255.
	4		Income from investment o								
	5		Royalties								
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6c							
			Net rental income or (loss)								
	7	а	Gross amount from sales of		Securitie		(ii) Other				
			assets other than inventory	7a ³	,184,3	±0.					
Ø		D	Less: cost or other basis	76 3	,184,3	4.0					
venue		•	and sales expenses Gain or (loss)	7b ³ 7c	,104,5	<u>••.</u> 0.					
Reve			Net gain or (loss)								
ъ	Q		Gross income from fundraisir								
Other			including \$	•							
Ŭ			contributions reported on								
			Part IV, line 18	-		8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from			s	►				
	9	а	Gross income from gamin	g activit	ies. See						
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			<u></u>	>				
	10	а	Gross sales of inventory, le								
		_	and allowances			10a					
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales of	inventory	/					
sn		~					Business Code				
iscellaneous Revenue		a b				_					
scellaneo Revenue		ы С				_					
			All other revenue			_					
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					23,596,509.	0.	0.	290,255.
13200											Form 990 (2021)

132009 12-09-21

Form 990 (2021)

THE CLARA LIONEL FOUNDATION 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).

	Chaok if Schodula O contains a response	a ar pata ta apy lipa in t	r organizations must con		
	Check if Schedule O contains a response	(A)	(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	c = c + o o +	<		
	and domestic governments. See Part IV, line 21	6,764,304.	6,764,304.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	97,732.	97,732.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	626,565.	626,565.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	388,344.	256,172.	85,503.	46,669.
6	Compensation not included above to disqualified	, .	/	,	
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		65,363.	45,754.	19,609.	
7	Other salaries and wages	05,505.		±,009•	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	74,122.	49,326.	17 170	7 601
9	Other employee benefits			17,172.	7,624. 2,915.
10	Payroll taxes	28,343.	18,862.	6,566.	2,915.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	184,450.		184,450.	
С	Accounting	108,299.		108,299.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	79,836.		79,836.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	420,806.		420,806.	
12	Advertising and promotion	12,950.		12,950.	
13	Office expenses	20,235.		20,235.	
14	Information technology	7,304.		7,304.	
15	Royalties				
16	Occupancy	5,775.		5,775.	
17	Travel	- ,			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20					
	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	1,481.		1,481.	
22		1,401.		±,±0±•	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FEES AND LICENSING	21,414.		21,414.	
		<u> </u>		<u> </u>	
b					
C d					
d					
	All other expenses	8,907,323.	7,858,715.	991,400.	57,208.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	0,301,343.	1,000,110.	<u>,400</u>	57,200.
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)				

11

132010 12-09-21

Form 990 (2021)

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	THE	CLARA	LIONEL	FOUNDATION	
ce Sheet					

		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		783,015.	1	891,602.
	2	Savings and temporary cash investments		8,204,128.	2	5,207,793.
	3	Pledges and grants receivable, net		200,000.	3	15,026,010.
	4	Accounts receivable, net		115,000.	4	255,000.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of th			5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describ			6	
"	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		3,286.	9	3,619.
		Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D				
	b				10c	
	11	Investments - publicly traded securities		11,016,361.	11	12,878,331.
	12	Investments - other securities. See Part IV, line	10,015,112.	12	9,824,455.	
	13	Investments - program-related. See Part IV, lin		13	5,021,1001	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,600.	15	
	16	Total assets. Add lines 1 through 15 (must ed		30,340,502.	16	44,086,810.
	17	Accounts payable and accrued expenses	198,051.	17	114,200.	
	18	Grants payable		600,000.	18	0.
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to any current or fo			21	
Liabilities	22	trustee, key employee, creator or founder, sub				
bilit		controlled entity or family member of any of th			22	
Lia	23	Secured mortgages and notes payable to unre			23	
	23	Unsecured notes and loans payable to unrelat			23	
	25	Other liabilities (including federal income tax, p				
	25	parties, and other liabilities not included on lin	•			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		798,051.	26	114,200.
	20	Organizations that follow FASB ASC 958, cl	eck here > X	///////////////////////////////////////	20	
Se		and complete lines 27, 28, 32, and 33.				
uc.	27			9,399,294.	27	9,026,340.
ala	28			20,143,157.	28	34,946,270.
ЦШ	20	Organizations that do not follow FASB ASC	10/110/10/1	20	01/01/07/2707	
Τu		and complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current func			29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
SSI	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		29,542,451.	32	43,972,610.
Ž	33	Total liabilities and net assets/fund balances		30,340,502.	33	44,086,810.
	00	TOTAL MADINITIES AND HET ASSELS/TUNU DAIANCES		50,540,502.	აა	11,000,010.

Form **990** (2021)

Form 990 (2021)
Part X Balance

	990 (2021) THE CLARA LIONEL FOUNDATION	45-	<u>56205</u>	21	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	907	7,3	23.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,			
5	Net unrealized gains (losses) on investments	5				00.
6	Donated services and use of facilities	6		75	5,0	73.
7	Investment expenses	7				
8	Prior period adjustments	8		17	7,0	00.
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	<u> 43,</u>	972	2,6	10.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			
	Act and OMB Circular A-133?		F	3a		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

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

Name of the organization

				EL FOUNDATION				4	5-5620521
Pa	art I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(i ii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from the	e general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	and-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of th	ne college	or
		university:							
10		An organization that norma							
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the orga	nization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor	-						
11		An organization organized a	-	•	•				
12		An organization organized a	-	-				•	
		more publicly supported or							Direck the box on
_		lines 12a through 12d that						-	aivina
a		_ Type I. A supporting orga the supported organization		-	• • • •	-			
		organization. You must o			majonty c				ipporting
k	、 「	Type II. A supporting org	-		tion with it	s sunnorte	d organization	s) by hav	vina
	,	control or management o	-				•		-
		organization(s). You mus							
c	; [Type III functionally inte	-		in connect	ion with, a	and functionally	, integrate	d with.
		its supported organization					-	5	,
c	1 🗌	Type III non-functionally	.,.,,	•		-		ed organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
e	•	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
		vide the following information			(iv) to the error	nization listed			
		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of r support (see ins	•	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ins	liuctions	
Tot	al								

Part II

THE CLARA LIONEL FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	6854320.	6632080.	8152759.	51549018.	23306254.	96494431.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	6854320.	6632080.	8152759.	51549018.	23306254.	96494431.		
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)						42995755.		
6	Public support. Subtract line 5 from line 4.						53498676.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	6854320.	6632080.	8152759.	51549018.	23306254.	96494431.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	914.	12,381.	219,641.	254,630.	290,255.	777,821.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						97272252.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	year as a section 5	i01(c)(3)			
	organization, check this box and stop	here							
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	55.00 %		
	Public support percentage from 2020					15	61.32 %		
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		•						
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	-							
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets th								
	organization meets the facts-and-circu								
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a				
						Schedule A	(Form 990) 2021		

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Schedule A						FOUNDATION	
Part III	Support	Schedule	for Orga	nizations	Described	in Section 509(a	<u>a)(2)</u>

THE CLARA LIONEL FOUNDATION

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		<u>.</u>				
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
_	check this box and stop here						▶∟
Sec	ction C. Computation of Public	: Support Pe	rcentage				
15	Public support percentage for 2021 (lir	ne 8, column (f), d	divided by line 13,	column (f))		15	%
		1				16	%
	ction D. Computation of Invest						
	Investment income percentage for 202			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the o	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box and	d stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	►
b	33 1/3% support tests - 2020. If the o	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly suppo	orted organizat	
20	Private foundation. If the organization	<u>ı did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
13202	23 01-04-22					Sched	ule A (Form 990) 2021

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THE CLARA LIONEL FOUNDATION

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Yes No

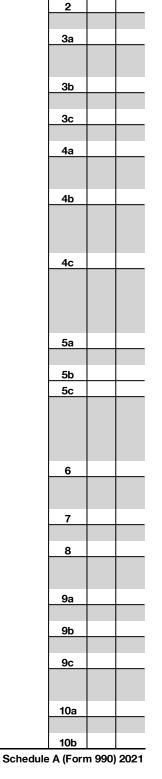
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021 THE CLARA LIONEL FOUNDATION

1

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No

Yes No

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?	l1a		
b	A family member of a person described on line 11a above?	1b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		l1c		
Sec	tion B. Type I Supporting Organizations			
		,	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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.
Section C. Type II Supporting Organizations

			Yes
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 arganization(s)	1	

Section D. All T	ype III Support	ing Organizations						

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- 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.*

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

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

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

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

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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Schedule A (Form 990) 202
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Schedule A				-		FOUNDAT	
Part V	Type III	Non-F	unctionally	Integrated	d 509(a)(3)	Supporting	Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations mus			
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

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Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

ъ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in 7 Excess distributions carryover to 2022. Add lines 3j

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

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

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Schedule A (Form 990) 2021

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<u>Schedule A (</u>	Form 990) 2021				FOUNDATIC		45-5620521	Page
	line 1; Part IV, Section A, IIr	nes 1, 2, 3b, 3c on D, lines 2 an	, 4b, 4c, 5a d 3; Part IV,	, 6, 9a, 9b, 90 Section E, li	c, 11a, 11b, and 11 nes 1c, 2a, 2b, 3a,	c; Part IV, Section B, and 3b; Part V, line 1	a 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section ; Part V, Section B, line 1e; Pa additional information.	ı C, rt V,
	(See instructions.)				· · · · · · · · · · · · · · · · · · ·			
								90) 20

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

45-562052	21
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	THE CLARA LIONEL FOUNDATION							
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Page 2

45-5620521

THE CLARA LIONEL FOUNDATION

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 1 X Person Payroll 2,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 471,867. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 1,311,461. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 18,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

24

15451116 149157 149033-001.0000

THE CI	LARA LIONEL FOUNDATION	4	15-5620521
Part II	Noncash Property (see instructions). Use duplicate copies of Pau	t 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
		\$	
		•	

123453 11-11-21

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

Schedule B (Form 990) (2021)

Page 3

Employer identification number

45-5620521

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Schedule E	B (Form 990) (2021)		Page 4						
Name of o	rganization		Employer identification number						
THE CI	LARA LIONEL FOUNDATION		45-5620521						
Part III	Exclusively religious, charitable, etc., contribut		ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	s for the year. (Enter this info. once.) \$						
(a) No	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						
ŀ		(e) Transfer of gift							
		(0) 112110101 01 9111							
-	Transferee's name, address, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			-						
		(e) Transfer of gift							
-	Transferee's name, address, a	nd 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						
Ī		I							
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
109454 11 11	21		Calcodula D (Fauer 000) (000-1						
123454 11-11	1-2 1		Schedule B (Form 990) (2021)						

²⁶ 2021.05000 THE CLARA LIONEL FOUNDATI 149033-1

SCHEDULE D

Department of the Treasury

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 Ζ Z **Open to Public** Inspection

ternal Reve	enue Service	Go to www.irs.gov/Form990	for instructions and the latest informa	ation.	Inspection
	the organization	THE CLARA LIONEL FOU			er identification numbe $45 - 5620521$
Part I	-	ns Maintaining Donor Advised I swered "Yes" on Form 990, Part IV, line 6		or Accounts.	Complete if the
			(a) Donor advised funds	(b) Funds a	and other accounts
I Tot	al number at end of	year			
		tributions to (during year)			
		nts from (during year)			
		of year			
Did	the organization inf	orm all donors and donor advisors in wri	ting that the assets held in donor advise	ed funds	
are	the organization's p	property, subject to the organization's exe	clusive legal control?		🗌 Yes 📃 N
Did	the organization inf	orm all grantees, donors, and donor advi	sors in writing that grant funds can be ι	ised only	
for	charitable purposes	and not for the benefit of the donor or d	onor advisor, or for any other purpose c	onferring	
		enefit?			Yes N
art II		n Easements. Complete if the organ		art IV, line 7.	
Pur		tion easements held by the organization			
		and for public use (for example, recreation		a historically imp	
	Protection of nati		Preservation of	a certified historio	c structure
	Preservation of o				
		ugh 2d if the organization held a qualified	I conservation contribution in the form o		easement on the last d at the End of the Tax Ye
	of the tax year.				u al life chu of life fax fe
	al number of conser				
	-				
		n easements on a certified historic struct			
		n easements included in (c) acquired afte			
		egister			ng tha tay
	Inder of conservation	n easements modified, transferred, releas	sed, extinguished, or terminated by the	organization duni	ig the tax
-	-	property subject to conservation easen	pent is located		
		have a written policy regarding the period			
		nent of the conservation easements it ho			Yes N
		irs devoted to monitoring, inspecting, ha			
		5, 1 5,	5		5 ,
Am	ount of expenses in	curred in monitoring, inspecting, handlin	g of violations, and enforcing conservati	on easements du	uring the year
					0 7
Doe	es each conservation	n easement reported on line 2(d) above s	atisfy the requirements of section 170(h	i)(4)(B)(i)	
and	section 170(h)(4)(B))(ii)?			
In F	Part XIII, describe ho	w the organization reports conservation	easements in its revenue and expense s	statement and	
bala	ance sheet, and incl	ude, if applicable, the text of the footnot	e to the organization's financial stateme	nts that describe	s the
org		ng for conservation easements.			
art III	Organization	ns Maintaining Collections of A	rt, Historical Treasures, or Oth	her Similar As	sets.
	Complete if the	organization answered "Yes" on Form 99	90, Part IV, line 8.		
a lfth	ne organization elect	ed, as permitted under FASB ASC 958,	not to report in its revenue statement ar	nd balance sheet	works
of a	art, historical treasur	es, or other similar assets held for public	exhibition, education, or research in fur	therance of publi	C
serv	vice, provide in Part	XIII the text of the footnote to its financia	al statements that describes these items	3.	
) If th	ne organization elect	ed, as permitted under FASB ASC 958,	to report in its revenue statement and b	alance sheet wor	ks of
art,	historical treasures,	, or other similar assets held for public ex	hibition, education, or research in furthe	erance of public s	service,
-	-	mounts relating to these items:			
		on Form 990, Part VIII, line 1			
		Form 990, Part X			
		ived or held works of art, historical treasu		gain, provide	
	-	required to be reported under FASB ASC	-		
		orm 990, Part VIII, line 1			
		n 990, Part X			
↓ For	Paperwork Reduc	tion Act Notice, see the Instructions fo	or Form 990.	Sch	edule D (Form 990) 20
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2021.05000 THE CLARA LIONEL FOUNDATI 149033-1

Sche		RA LIONEL F						45-56			age 2
Par	t III Organizations Maintaining C	ollections of Art,	, Hist	torical Tre	easures, o	r Other	Simila	r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, chec	k any of the	following that	t make sig	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how tl	hey further th	ne organizatio	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, h	istorical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of the	e orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Complet	te if th	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing	table:							
									Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanatio	on has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization ans	wered	I "Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1	a. column (a)) held as:						
а	Board designated or quasi-endowment	•	%	3, (,,						
b	Permanent endowment		_/*								
		%									
-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ion th:	at are held ar	nd administer	red for the	organiza	ation			
00	by:	oolori or the organizat					o organize		Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm		mont								
	Complete if the organization answere	d "Yes" on Form 990,	Part I	V, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or ot	her	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	valu	e
		basis (investme	ent)		(other)	. ,	preciation		.,		
1a	Land										
b	Buildings										
	Leasehold improvements										,
	Equipment										
	Other			1							
	. Add lines 1a through 1e. (Column (d) must e			mn (R) line 1	0c)						0.
		quai i Unii 330, i dil A	, colul		<u></u>	<u></u>		Schedule	D (Form	990)	-
								Sonsulle		550)	

132052 10-28-21

Schedule D (Form 990) 2021 THE CLARA L	ONEL FOUNDAT	ION	45-5620521 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(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) CORPORATE & GOVERMENT			
	9,824,455.	END-OF-YEAR MARKE	ייי זיאד דרס
	9,024,433.	END-OF-TEAK MARKE	I VADOL
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	9,824,455.		
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of		11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		►
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	[5.]		
Complete if the organization answered "Yes" of	on Form 990 Part IV line -	11e or 11f See Form 990 Part X line	25
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(,,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide	,		ts that reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been	provided in Part XIII X

132053 10-28-21

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 THE CLARA LIONEL FOUNDATION	45-	5620521 Page	,4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	*	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	23,240,646	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b		•		
с	Recoveries of prior year grants 2c			
d				
е	Add lines 2a through 2d	2e	-276,027	•
3	Subtract line 2e from line 1	3	23,516,673	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 79,836			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c	79,836	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	23,596,509	•
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	_		
1	Total expenses and losses per audited financial statements	1	8,827,487	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
с	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	0	•
3	Subtract line 2e from line 1	3	8,827,487	•
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 79,836	•		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c	79,836	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,907,323	•
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY
THE FOUNDATION. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE
RECOGNIZED WHEN THE POSITION IS MORE-LIKELY-THAN-NOT, BASED ON THE
TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT
HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED
THAT AS OF DECEMBER 31, 2020, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN
OR EXPECTED TO BE TAKEN. THE FOUNDATION HAS RECOGNIZED NO INTEREST OR
PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO
ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO
AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO
LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO 2017.
132054 10-28-21 Schedule D (Form 990) 2021 30
451116 149157 149033-001.0000 2021.05000 THE CLARA LIONEL FOUNDATI 14903

Part XIII Supplemental Information (continued)
Schedule D (Form 990) 202
132055 10-28-21

Name	of the organization					Employer identif	ication number
тне	CLARA LIONE	I, FOUNDA	TON			45-562052	1
Part				side the United States. Comple	ete if the organ	ization answered "	⊥ ∕es" on
	 Form 990, Part I\						
1 F	or grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra	nts and other a		
t	he grantees' eligibility fo	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes 🗌 No
		ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	ide the
	Jnited States.						
3 /	Activities per Region. (II (a) Region	he following Part (b) Number of	(c) Number of	n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total
	(a) negion	offices	employees.	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to	describe	e specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTR	AL AMERICA AND		, j				
THE C	ARIBBEAN -						
ANTIG	UA & BARBUDA,						
ARUBA	, BAHAMAS,		1	GRANTMAKING			704,959.
3 = 4	Subtotal	0	0				704,959.
	Fotal from continuation	ļ					
	sheets to Part I	0	0				0.
	Totals (add lines 3a						
	and 3b)	0	0				704,959.

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

132071 12-20-21

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Schedule F (Form 990) 2021

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

plete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15
Attach to Form 990.

14b, 15, or 16. 2021 Open to Public Inspection

OMB No. 1545-0047

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

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

45-5620521

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO SUPPORT CLIMATE					
		- ANTIGUA &	RESILIENCE UPGRADES					
		BARBUDA, ARUBA,	FOR THE CLINIC	426,000.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	GENERAL OPERATING					
		BARBUDA, ARUBA,	SUPPORT	20,000.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA						
		AND THE CARIBBEAN	FOR THE CREATION OF A					
		- ANTIGUA &	COMPOSTING AND					
		BARBUDA, ARUBA,	RECYCLING PROGRAM	20,000.	WIRE TRANSFER	٥.		FMV
		EUROPE (INCLUDING	TO SUPPORT THE					
		ICELAND &	BREAKFAST PROGRAM,					
		GREENLAND) -	PLAY PARK AND FITTING					
		ALBANIA, ANDORRA,	OF THE GREENHOUSE	20,000.	WIRE TRANSFER	٥.		FMV
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	SCHOLARSHIP	140,565.	WIRE TRANSFER	0.		FMV
2 Enter total number of	recipient organization	ns listed above that are I	recognized as charities by the t	foreign country,	recognized as a tax	·		
			or counsel has provided a sect			▶		(
3 Enter total number of	•	-	•	.,.,		•		

Schedule F (Form 990) 2021

Page 2

THE	CLARA	L'LONEL	FOUNDATION
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45-5620521

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

Page 3

Schedule F (Form 990) 2021 Part IV Foreign Form		CHAILY	DIONED	FOUNDATION
Fartiv Foreign Form	S			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ONCE SELECTED FOR A CLF GRANT, ORGANIZATIONS ARE ASKED TO FILL OUT TWO

APPLICATION FORMS AND PROVIDE DETAILED PROJECT AND ORGANIZATIONAL

BUDGETS. CLF ASKS GRANTEES TO SUBMIT REPORTS ANNUALLY AND ASKS FOR

INTERIM UPDATES INCLUDING METRICS AND PHOTOS TO ENSURE ONGOING

ACCOUNTABILITY AROUND FUNDS USE. FOR MORE COMPLEX, MULTI-PARTNER

PROJECTS, CLF TRACKS AND MONITORS FUNDS USE AND PROGRESS THROUGH REAL

TIME TEAM TRACKERS AND SHARED WORKSPACES. CLF ALSO COLLABORATES WITH

GRANTEES AROUND TRANSPARENCY AND SHARING OF PROJECTS VIA PUBLIC

STORYTELLING THROUGHOUT THE YEAR.

SCHEDULE I (Form 990)	Go	rants and Oth vernments, an	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
	Comple	ete if the organization	n answered "Yes" Attach to Fori		rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go to www.ir	s.gov/Form990 for		nation.		Inspection
Name of the organization THE CLARA	LTONEL F	ΟΙΙΝΠΑΨΤΟΝ					Employer identification number 45-5620521
Part I General Information on Grants a		<u></u>					15 5626521
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?						on 🔀 Yes 🗌 No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADHIKAAR 7107 WOODSIDE AVENUE WOODSIDE, NY 11377	20-3384725	501C3	150,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
API RISE P.O. BOX 53664 LOS ANGELES, CA 90053	46-4548666	501C3	50,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
ASIAN AMERICAN COALITION FOR CHILDREN AND FAMILIES, INC 50 BROAD STREET, SUITE 1837 - NEW YORK, NY 10004	13-3682471	501C3	300,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
ASIAN AMERICANS ADVANCING JUSTICE - AAJC INC - 1145 WILSHIRE BLVD - LOS ANGELES, CA 90017	95-3854152	501C3	312,500.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
ASIAN IMMIGRANT WOMEN ADVOCATES, INC - 310 8TH STREET, STE #301 - OAKLAND, CA 94607	94-2977665	501C3	50,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
AUSTIN AREA URBAN LEAGUE 8011A CAMERON RD BLDG A-100 AUSTIN, TX 78754	74-1890518		50,000.	0.			TO SUPPORT EMERGENCY RESPONSE EFFORTS
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 			e line 1 table				48.
							······

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

THE CLARA LIONEL FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AYITI DEMIN 28 BETHUNE STREET NEW YORK, NY 10014	20-8967664	501C3	145,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
BRAVEN 100 N LASALLE STREET #310 CHICAGO, IL 60602	46-4340594	501C3	100,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
CAMFED USA FOUNDATION 466 GEARY STREET SUITE 400 SAN FRANCISCO, CA 94102	54-2033897	501C3	400,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
CAPRACARE, INC. P.O. BOX 1408 NEW YORK, NY 10276	01-0973544	501C3	95,000.	0.			TO SUPPORT CLIMATE RESILIENCE INITIATIVES
CARIBBEAN EQUALITY PROJECT 10942 124TH STREET QUEENS , NY 11420	47-2806715	501C3	10,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
CHINATOWN COMMUNITY DEVELOPMENT CENTER - 1525 GRANT AVE - SAN FRANCISCO, CA 94133	94-2514053	501C3	200,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
CHINESE COMMUNITY CENTER INC. 9800 TOWN PARK DR HOUSTON, TX 77036	76-0067885	501C3	300,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U. LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501C3	112,500.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
CHINESE-AMERICAN PLANNING COUNCIL, INC - 150 ELIZABETH STREET - NEW YORK, NY 10012	13-6202692	501C3	300,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS

Schedule I (Form 990)

45-5620521 Page 1

Schedule I (Form 990) THE CLARA LIONEL FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

132241 11-18-21

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSTRATE AGAINST NEEL AGAIN							
COMMITTEE AGAINST ANTI-ASIAN VIOLENCE – 55 HESTER STREET – NEW							TO SUPPORT LEGACY-RELATED
YORK, NY 10002	13-3526938	50103	100,000.	0.			PROJECTS
	10 0010000	50105	100,000.	.			
DIRECT RELIEF							
6100 WALLACE BECKNELL RD							TO SUPPORT CLIMATE
SANTA BARBARA, CA 93117	95-1831116	501C3	150,000.	٥.			RESILIENCE INITIATIVES
ECONOMIC STIMULUS FOR WORK AND							
ACTION - P.O. BOX 391494 -							TO SUPPORT LEGACY-RELATED
CAMBRIDGE, MA 02139	27-4823929	501C3	45,000.	Ο.			PROJECTS
ENGINEERS WITHOUT BOARDERS-USA							
1031 33RD STREET #210							TO SUPPORT CLIMATE
DENVER, CO 80205	84-1589324	501C3	151,566.	0.			RESILIENCE INITIATIVES
GLADD, INC.							
1801 OLYMPIC BLVD #2334	10.0004005	504.50					TO SUPPORT LEGACY-RELATED
PASADENA, CA 91199	13-3384027	501C3	35,000.	0.			PROJECTS
HAITI AIR AMBULANCE SERVICE INC.							
6 CORPORATE CENTER DR							TO SUPPORT CLIMATE
MELVILLE, NY 11747	46-3380379	50103	100,000.	0.			RESILIENCE INITIATIVES
	40 3300375	50105	100,000.				
HAWAII VA FOUNDATION							
111 HEKILI STREET #102							TO SUPPORT LEGACY-RELATED
KAILUA, HI 96734	47-1288647	501C3	70,000.	0.			PROJECTS
,			, -				
HAWAII WORKERS CENTER							
1475 LINAPUNI STREET #112							TO SUPPORT LEGACY-RELATED
HONOLULU, HI 96819	61-1947131	501C3	150,000.	٥.			PROJECTS
HEALTH EQUITY INTERNATIONAL							
40 GLEN AVE							TO SUPPORT CLIMATE
NEWTON, MA 02459	04-3067595	501C3	145,000.	٥.			RESILIENCE INITIATIVES

Schedule I (Form 990)

Schedule I (Form 990) THE CLARA LIONEL FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

132241 11-18-21

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART OF DINNER INC 13 ESSEX STREET NEW YORK, NY 10002	85-2676806	50103	50,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
New 10rr, NI 10002	05-2070000	50105	50,000.	0.			FRODECIS
HOPE FOR HAITI 1021 5TH AVE NORTH NAPLES, FL 34203	59-3564329	501C3	130,000.	0.			TO SUPPORT CLIMATE RESILIENCE INITIATIVES
IPPF/WHR 125 MAIDEN LANE 9TH FLOOR NEW YORK, NY 10038	20-2561205	501C3	165,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
LEAP, INC. 621 DEGRAW ST 1ST FLR BROOKLYN, NY 11217	11-3111694	501C3	100,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
LOS ANGELES LGBT CENTER PO BOX 2988 LOS ANGELES, CA 90078	95-3567895	501C3	35,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
METAVIVOR RESEARCH AND SUPPORT, INC 1783 FOREST DRIVE #184 - ANNAPOLIS, MD 21401	37-1578088	501C3	130,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
MONTCLAIR COMMUNITY PRE-K 49 ORANGE RD MONTCLAIR, NJ 07042	22-3525184	501C3	17,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
PARTNERS IN HEALTH 800 BOYLSTON STREET BOSTON, MA 02199	04-3567502	501C3	131,000.	0.			TO SUPPORT CLIMATE RESILIENCE INITIATIVES
PILIPINO WORKERS CENTER OF SOUTHERN CALIFORNIA - 153 GLENDALE BLVD, 1ST FLR - LOS ANGELES, CA 90026	77-0439301	501C3	30,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS

Schedule I (Form 990)

THE CLARA LIONEL FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAYERS PHILANTHROPY FUND 1122 KENILWORTH DR #201 TOWSON, MD 21204	27-6601178	501C3	300,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
PROJECT MEDISHARE FOR HAITI INC 8260 NE 2ND AVE MIAMI, FL 33138	65-0965848	501C3	145,000.	0.			TO SUPPORT CLIMATE RESILIENCE INITIATIVES
ROCKY MOUNTAIN INSTITUTE 2490 JUNCTION PL #200 BOULDER, CO 80301	74-2244146	501C3	404,738.	0.			TO SUPPORT CLIMATE RESILIENCE INITIATIVES
SAKHI FOR SOUTH ASIAN WOMEN, INC. 50 BROAD STREET, SUITE 1101 NEW YORK, NY 10004	13-3593806	501C3	200,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
SAN ANTONIO FOOD BANK 5200 ENRIQUE M. BARRERA PKWY SAN ANTONIO, TX 78227	74-2122979	501C3	50,000.	0.			TO SUPPORT EMERGENCY RESPONSE EFFORTS
SEND CHINA TOWN LOVE INC 4 CLUB WAY POUGHKEEPSIE, NY 12603	85-0783035	501C3	100,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
SHELTER MINISTRIES OF DALLAS PO BOX 151085 DALLAS, TX 75315	75-1881365	501C3	50,000.	0.			TO SUPPORT EMERGENCY RESPONSE EFFORTS
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS (SEE) - 23564 CALABASAS ROAD SUITE 201 - CALABASAS, CA 91302	95-4116679	501C3	50,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
SOUTH ASIAN COUNCIL FOR SOCIAL SERVICES - 143-06 45TH AVENUE - FLUSHING, NY 11355	11-3632920	501C3	150,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS

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Schedule I (Form 990) THE CLARA LIONEL FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST ASIAN COMMUNITY ALLIANCE 840 N. BROADWAY #203E LOS ANGELES, CA 90012	45-2156435	501C3	50,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
SPONSORS FOR EDUCATIONAL OPPORTUNITY – 55 EXCHANGE PLACE #601 – NEW YORK, NY 10005	35-1333635	501C3	750,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
THE AUDRE LORDE PROJECT INC 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	06-1502452	501C3	35,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
THE KEEP A BREAST FOUNDATION 7168 MOHAWK TRAIL YUCCA VALLEY, CA 92284	13-4286549	501C3	100,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
THE TRANSLATIN@ COALITION 3055 WILSHIRE BLVD #350 LOS ANGELES, CA 90010	27-3801872	501C3	60,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS
TRANSGENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612	05-0544006	501C3	10,000.	0.			TO SUPPORT LEGACY-RELATED PROJECTS

Schedule I (Form 990)

Schedule I (Form 990) 2021

45-5620521

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	5	97,732.	0.		
Part IV Supplemental Information. Provide the informati	I on required in Part I, lin	l e 2; Part III, column	(b); and any other ac	l Iditional information.	
ART I, LINE 2:					

THE ORGANIZATION PROVIDES COLLEGE SCHOLARSHIPS TO QUALIFIED STUDENTS IN

NEED THRU SCHOLARSHIP AMERICA INC. STUDENTS APPLY THROUGH THE FUND'S

WEBSITE BY FILLING OUT AN APPLICATION PACKAGE AND WRITING AN ESSAY.

CANDIDATES ARE SELECTED BY A TEAM COMPRISED OF THE PRESIDENT AND EXECUTIVE

DIRECTOR OF THE ORGANIZATION ALONG WITH A GROUP OF VOLUNTEERS. STUDENTS GET

THE ASSISTANCE ON NEED BASIS. THE SCHOLARSHIP AWARD IS PAID DIRECTLY TO THE

EDUCATIONAL INSTITUTIONS.

SC	HEDULE J Compensation Information		OMB No.	1545-004	47		
	For certain Officers, Directors, Trustees, Key Employees, and Highest		000-				
•	Compensated Employees		2021				
_	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.		Open to Public				
	Department of the Treasury ► Attach to Form 990. Ternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.						
Nan	ne of the organization	Employer	identificatio	on nui	mber		
	THE CLARA LIONEL FOUNDATION	45-	562052	1			
Pa	art I Questions Regarding Compensation						
				Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Forr	n 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 pers	onal use					
	Travel for companions Payments for business use of personal r	esidence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fe	es					
	Discretionary spending account Personal services (such as maid, chauffe	eur, 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	tion to					
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee X Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations	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	a Receive a severance payment or change-of-control payment?						
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?						
С							
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 compensat	on					
	contingent on the revenues of:		-		v		
	The organization?				X X		
b	Any related organization?		<u>5b</u>				
~	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	on					
_	contingent on the net earnings of:		6a		X		
	a The organization?						
b	Any related organization?		<u>6b</u>		X		
-	If "Yes" on line 6a or 6b, describe in Part III.						
1	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
0	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 initial contract avantian department in Part III.				x		
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		9				
	Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.			- 000	2024		
LUIA	יו טו ד מאפו אטוג הפטונוטוז אנו זוטונכ, אפי נוופ וווטו טנוטוז זטו דטרווו ששט.	Sche	dule J (Forr	1 990)	2021		

132111 11-02-21

Schedule J (Form 990) 2021

45-5620521

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JUSTINE LUCAS	(i)	223,343.	10,000.	0.	2,813.	12,555.	248,711.	0.
EXE. DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTHA FIONA KORWIN-PAWLOWSKI	(i)	155,000.	0.	0.	0.	9,600.	164,600.	0.
SENIOR PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)				1			

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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



45-5620521

Department of the Treasury Internal Revenue Service Name of the organization

THE CLARA LIONEL FOUNDATION

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

PREPARE FOR AND WITHSTAND NATURAL DISASTERS.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: MONICA FENTY, A SECRETARY OF THE ORGANIZATION, IS THE MOTHER

OF ROBYN RIHANNA FENTY, AN OFFICER AND DIRECTOR OF THE ORGANIZATION.

JAY BROWN, A DIRECTOR OF THE ORGANIZATION, AND KAWANNA BROWN, A VICE

PRESIDENT OF THE ORGANIZATION ARE HUSBAND AND WIFE.

BUSINESS RELATIONSHIPS:

JAY BROWN, A DIRECTOR OF THE ORGANIZATION, HAS A BUSINESS RELATIONSHIP WITH ROBYN RIHANNA FENTY, AN OFFICER AND DIRECTOR OF THE ORGANIZATION. MR. BROWN

IS THE PRESIDENT OF ROC NATION, MS. FENTY IS A CLIENT OF ROC NATION.

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

EXPLANATION: FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL

DURING THEIR BOARD MEETING.

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

EXPLANATION: THE ORGANIZATION CONDUCTS PERIODIC REVIEWS TO ENSURE THEY ARE OPERATING IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSE. THESE REVIEWS SHALL, AT A MINIMUM, INCLUDE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND WHETHER PARTNERSHIP AND JOINT VENTURE ARRANGEMENTS CONFORM TO WRITTEN POLICIES.

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

THE COMPENSATION COMMITTEE, IN ADDITION TO BOARD MEMBERS, INCLUDES AN

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202113221111-11-21

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2021.05000 THE CLARA LIONEL FOUNDATI 149033-1

	Dave 0						
Schedule O (Form 990) 2021 Name of the organization THE CLARA LIONEL FOUNDATION	Page 2 Employer identification number 45-5620521						
OUTSOURCED HR CONSULTING FIRM THAT PROVIDES CLF WITH INDUS	TRY STANDARD						
COMPENSATION INFORMATION. FOR EVERY NEW HIRE, THE COMPENSA	TION COMMITTEE						
DISCUSSES AND APPROVES THE APPROPRIATE COMPENSATION. ON AN	ANNUAL BASIS,						
THE HR FIRM REVIEWS ALL EMPLOYEE COMPENSATION FOR REASONABLENESS COMPARED							
TO INDUSTRY STANDARDS AND PRESENTS ITS FINDINGS TO THE COM	PENSATION						
COMMITTEE. THE COMMITTEE THEN DETERMINES IF THERE WILL BE	ANY RAISES						
APPROVED.							
FORM 990, PART VI, SECTION C, LINE 19:							
EXPLANATION: ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY, AND						
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.							
FORM 990, PART XII, LINE 2C:							
THERE IS NO CHANGE IN OVERSIGHT PROCESS OR SELECTION PROCE	SS OF AN						
INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.							

132212 11-11-21