Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2021 and ending JUN 30,

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

Open to Public Inspection

A	For the	2021 calendar year, or tax year beginning $\ \ JUL\ 1$ , $\ \ 2021$ and ending	<u>J</u> UN 30, 2022	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
Г	Addres	S Child Care Law Center		
	Name change	Doing business as	94-29599	73
Ļ	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/s		
	Final return/ termin-	1832 Second Street K		8-8005
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,865,993.
F	Ireturn	Delkeley, CA 54710	H(a) Is this a group re	
L	Applica tion pendin			? Yes X No
_		same as C above	H(b) Are all subordinates i	
				list. See instructions
		e: www.childcarelaw.org	H(c) Group exemption	
			rear of formation: 1903	M State of legal domicile: CA
		Summary  Briefly describe the organization's mission or most significant activities: Educate	and advocate	for child
Se	1 1	care policy to meet the needs of families, c	hildren and n	roviders
nan		Check this box  if the organization discontinued its operations or disposed of n	<b>_</b>	
Ver	1		l <u>-</u>	12
යි		Number of voting members of the governing body (rart vi, line 1a)		12
ళ		Fotal number of individuals employed in calendar year 2021 (Part V, line 1a)		13
įţį		Total number of volunteers (estimate if necessary)		12
Activities & Governance		Fotal unrelated business revenue from Part VIII, column (C), line 12		0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
Ф	8 (	Contributions and grants (Part VIII, line 1h)	1,536,385.	1,841,926.
ž		Program service revenue (Part VIII, line 2g)	0.	22,000.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,716.	1,338.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,038.	729.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,540,139.	1,865,993.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	841,969.	959,371.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b -	Total fundraising expenses (Part IX, column (D), line 25)  93,584.	204 040	400 240
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	324,848.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,166,817.	
	19	Revenue less expenses. Subtract line 18 from line 12	373,322.	
ts o			Beginning of Current Year 1,193,801.	End of Year 1,695,896.
SSE	20	Fotal assets (Part X, line 16)	72,695.	70,486.
Net Assets or	21	Fotal liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	1,121,106.	1,625,410.
P	2  22   art	Signature Block	1,121,100.	1,025,410.
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	v knowledge and helief it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y miomoago ana sonon, mio
_	<u></u>	N Samuel Levine	Jan 18,	2023
Sig	ın İ	Signature of officer	Date	
He		▶ Samuel Levine, Board Treasurer		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		Carlos A. Davis, CPA	if self-employ	P02037008
Pre		Firm's name Harrington Group, CPAs, LLP	Firm's EIN ▶	95-4557617
Use	Only	Firm's address 2698 Mataro Street		
_		Pasadena, CA 91107	Phone no. (6	
Ma	y the IF	S discuss this return with the preparer shown above? See instructions		X Yes No

Pai	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:
•	The Child Care Law Center ("CCLC") educates, advocates, and litigates
	to make child care a civil right.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
4	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.
 4а	
	(Code:) (Expenses \$\frac{793,131.}{CCLC fights for child care policies that are just and} ) (Revenue \$\frac{1}{2} \)
	fair for children, families and providers, regardless of race or
	economic status.
	Affordable child care for families with low incomes: CCLC succeeded in
	winning a one-year waiver of child care fees for families enrolled in
	subsidized child care in California. This is the third year in a row
	that CCLC succeeded in getting the fees waived. The state assesses fees based on a family's income. The fees range from \$64-\$654 a month for a
	family of three with monthly earnings of \$2,825 - \$7,244. One hundred
	and fifty thousand families were immediately impacted. All families
	enrolling until June 2023 will also benefit.
4b	(Code: ) (Expenses \$ 214,498 • including grants of \$ ) (Revenue \$ 22,000 • )
	Technical assistance for legal services programs: CCLC is the only
	organization in the country devoted exclusively to child care law. Our
	primary purpose is to provide technical assistance, information,
	training, and co-counseling to IOLTA-funded legal services programs in
	California. Through our research and advocacy, we address the systemic
	injustices embedded in our legal system and child care policies.
	We update legal aid programs about changing laws and regulations that
	impact Californians with low incomes, so they can help their clients.
	Legal aid programs rely on our legal expertise about children and
	families and child care to give assistance and representation to their
	clients.
4c	(Code: ) (Expenses \$ 22,467 • including grants of \$ ) (Revenue \$
	(Code:) (Expenses \$ 22,467. including grants of \$) (Revenue \$)  Community education and outreach: CCLC gives families, child care
	providers, attorneys, and advocates specific information about child
	care-related legal topics, including children with disabilities,
	housing and zoning rights, and child care financial assistance. We
	conducted 50 workshops attended by approximately 3,000 people, answered 300 questions for information via email, and posted answers to 63
	Frequently Asked Questions on our website. Our staff also participated
	in countless informal information sessions, stakeholder meetings, and
	community meetings so attendees could rely on legal expertise.
	CCLC includes landlords, city governments, and homeowner associations
	in our community education plan. Hence, they know the rules they must
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,030,096.
	_ 000 / //

# Form 990 (2021) Child Care Law Center 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)?	•	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		Х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۵	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	got of the first are free or and the free of the first and the first are free or and the first a		000	

# Form 990 (2021) Child Care Law Center 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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	١		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			3,7
	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	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,
0.4	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
35.5	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- Joa		<u> </u>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officery in Octricordic Occurrants a response of flote to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   31		163	140
	Enter the number of Forms W-2G included on line 1a. Enter 0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Child Care Law Center
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 13								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	S								
			3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X					
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 A	·	5a		Х					
5a	, , , , , , , , , , , , , , , , , , , ,									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file Form 2000 TO		5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	-	6-		X					
h	any contributions that were not tax deductible as charitable contributions?		6a		25					
D		ŭ	6b							
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD							
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<del></del>					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w									
	to file Form 8282?	•	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		Х					
g	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h	N/	A					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?	N/A	8							
9	Sponsoring organizations maintaining donor advised funds.	/-								
а		N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b							
10	Section 501(c)(7) organizations. Enter:	11								
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders $N/A$	1440								
a h	Gross income from other sources. (Do not net amounts due or paid to other sources against	11a								
D	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	37 / 3	12b								
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?	N/A	13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				,,					
	excess parachute payment(s) during the year?		15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.				177					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt income?	16		X					
<b>4</b> -	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	37 / 3	47							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069.	11/12	17							
	n rea, complete i unii uuua.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
	<u> </u>		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_							
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5									
6	Did the organization have members or stockholders?	5 6		X					
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	_							
1 a		7a		х					
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a							
ь		7b		х					
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0							
8		0-	Х						
a	The governing body?	8a 8b	X						
	Each committee with authority to act on behalf of the governing body?	OD	21						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х					
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		25					
<u> </u>	tion B. I oncies (mis section B requests information about policies not required by the internal nevenue code.)		Yes	No					
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa							
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 IG							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
·	on Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	17							
13									
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4E.o	Х						
	The organization's CEO, Executive Director, or top management official	15a	21	Х					
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b							
16-	·								
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х					
<b>L</b>	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21					
D									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Sec	exempt status with respect to such arrangements? tion C. Disclosure	เดม							
	List the states with which a copy of this Form 990 is required to be filed ►CA								
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	e only	) avail	able					
.0	for public inspection. Indicate how you made these available. Check all that apply.	o or ny	, availe	ADIC					
	X Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial						
13	statements available to the public during the tax year.	u midi	icial						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
20	Kim Kruckel - Executive Director - (415) 558-8005								
	1832 Second Street, K. Berkelev, CA 94710								

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

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

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

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

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

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

(A)	(B)	Ī		((	<b>C)</b>	•		(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer ar	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Kim Kruckel	40.00	1		l				440.405	•	10 176
Executive Director	1			Х				119,125.	0.	12,176.
(2) Rachel Boyce	1.00	ļ		l						•
Chair of the Board		Х		Х				0.	0.	0.
(3) Lisa Holder	1.00	ļ								
Vice Chair of the Board		Х		Х				0.	0.	0.
(4) Samuel Levine	1.00								_	_
Treasurer of the Board		Х		Х				0.	0.	0.
(5) Natasha Saggar Sheth	1.00							_	_	_
Secretary of the Board		Х		Х				0.	0.	0.
(6) Sarah Efthymiou	1.00							_	_	_
Board Member		Х						0.	0.	0.
(7) Fernando Gaytan	1.00									
Board Member		Х						0.	0.	0.
(8) Mary Gutierrez	1.00							_	_	_
Board Member		Х						0.	0.	0.
(9) Ernest Hammond III	1.00									
Board Member		Х						0.	0.	0.
(10) Paula Mathis	1.00									
Board Member		Х						0.	0.	0.
(11) Frank Pare	1.00									
Board Member		Х						0.	0.	0.
(12) Moony Tong	1.00									
Board Member		Х						0.	0.	0.
(13) Roberto Viramontes	1.00									
Board Member		Х						0.	0.	0.

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

Part VII Section A. Officers, Directors, Tru		ploy	/ees			ighe	st C		es (continued)				
(A)	(B)	(C) Position				(D)	(E)			(F)			
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
	week					is bot or/trus		compensation compensati				nount ( other	OŤ
	(list any	tor						the	organization			pensa	tion
	hours for	r direc				pa:		organization	(W-2/1099-MIS			om the	
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		·	anizati	
	organizations below	lal tru	onal t		loyee	comb		1099-NEC)				d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
	<del> </del>	드	트	5	<u>\$</u>	포늄	프						
		1											
		1											
	1												
		1											
							Ļ	110 125		0.	1	2 1	76
1b Subtotal								119,125.		0.		2,1	0.
c Total from continuation sheets to Part \								119,125.		0.	1	2,1	
d Total (add lines 1b and 1c)									000 of reportab	_		_,_	, , ,
compensation from the organization				J G. G.		<b>-</b> ,			,000 0 0,001.10.0				1
												Yes	No
3 Did the organization list any former office			key e	emp	loye	e, o	r hig	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s	•							-	•				Х
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>											4		
rendered to the organization? If "Yes," cor	•				•			led organization of indivi			5		Х
Section B. Independent Contractors	10.010				,								
1 Complete this table for your five highest c	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	/ear.				
<b>(A)</b> Name and busines	address	NT/	INC					<b>(B)</b> Description of s	envices		Ompe 'ompe	<b>))</b> nsatio	2
- Name and busines	3 8001033	1//	)IVI					Description of a	CIVICCS		ompe	i isatioi	
							1						
							$\dashv$						
2 Total number of independent contractors		ot li	mite	d to		se li: 0	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ	ization 📂										_	990 (c	2004)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d 1,555,926. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 286,000. similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f 1,841,926. h Total. Add lines 1a-1f .... **Business Code** 22,000. 900099 22,000. 2 a Training Program Service Revenue f All other program service revenue ..... 22,000. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,338. 1,338. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory **Business Code** 900099 729. 729. 11 a Other income b d All other revenue 729. e Total. Add lines 11a-11d 1,865,993 0. 24,067 Total revenue. See instructions 12

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	<u>'</u>		· · · · · · · · · · · · · · · · · · ·	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	135,176.	101,382.	20,276.	13,518.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	683,192.	587,829.	81,460.	13,903.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18,199.	15,193.	2,679.	327.
9	Other employee benefits	62,085.	51,541.	9,149.	327. 1,395.
10	Payroll taxes	60,719.	50,283.	8,245.	2,191.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	59,934.	31,156.	18,052.	10,726.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	175,715.	91,344.	52,925.	31,446.
12	Advertising and promotion				
13	Office expenses	29,973.	19,101.	7,665.	3,207.
14	Information technology	87,281.	45,372.	26,289.	15,620.
15	Royalties				
16	Occupancy	392.	38.	352.	2.
17	Travel	6,671.	5,737.	666.	268.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,776.	1,614.	131.	31.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,148.	6,379.	1,480.	289.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)	10.00	2 = 2 :		
а	Miscellaneous	13,896.	9,506.	4,061.	329.
b	Library	9,638.	8,296.	1,074.	268.
С	Dues & subscriptions	8,894.	5,325.	3,505.	64.
d					
е	All other expenses	4 264 52	4 000 000		
25	Total functional expenses. Add lines 1 through 24e	1,361,689.	1,030,096.	238,009.	93,584.
26	<b>Joint costs.</b> 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)				F 000 (0004)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	431,127.	1	841,362.		
	2	Savings and temporary cash investments			320,973.	2	822,406.
	3	Pledges and grants receivable, net	420,807.	3	15,698.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	I contributor, or 35%				
		controlled entity or family member of any of t	sons		5		
	6	Loans and other receivables from other disqu	ersons (as defined				
		under section 4958(f)(1)), and persons descri	bed in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			18,500.	9	16,430.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	15,457.			
	b	Less: accumulated depreciation			0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,394.	15	0.		
	16	Total assets. Add lines 1 through 15 (must e	33)	1,193,801.	16	1,695,896.	
	17	Accounts payable and accrued expenses			72,695.	17	70,486.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part I	/ of Schedule D		21	
es	22	Loans and other payables to any current or for					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	hese pei	sons		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X			
		of Schedule D			72 (05	25	70 400
	26	Total liabilities. Add lines 17 through 25			72,695.	26	70,486.
S		Organizations that follow FASB ASC 958, o	check he	ere 🕨 🔼			
nce		and complete lines 27, 28, 32, and 33.			E70 004		049 070
ala	27			·····	579,024.	27	948,079.
d B	28	Net assets with donor restrictions			542,082.	28	677,331.
Ë		Organizations that do not follow FASB ASC	C 958, c	neck here			
o I		and complete lines 29 through 33.					
əts	29	Capital stock or trust principal, or current fun				29	
SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 121 106	31	1 625 410
ž	32	Total net assets or fund balances			1,121,106.	32	1,625,410.
	33	Total liabilities and net assets/fund balances			1,193,801.	33	1,695,896.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1,86			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,36			
3	Revenue less expenses. Subtract line 2 from line 1	3		4,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,12	1,1	06.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,62	5,4	10.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				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 O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		. 3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b			

## **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Child Care Law Center **Employer identification number** 94-2959973

Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instructions.				
		ı nization is not a private founc			-						
	ligai										
1	H	A church, convention of ch	•			)(a)U\1 n	I)(A)(I).				
2	Н	A school described in <b>sect</b>									
3	Щ	A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental unit describ	ped in			
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that norma						public described in			
•		section 170(b)(1)(A)(vi). (C	•	artial part of its support	rom a gov	orriin iorrica	arm or normano goriorar	pasio accorisca in			
۰				(4)(A)(vi) (Complete Dord	<b>.</b> II \						
8	$\vdash$	A community trust describe									
9		An agricultural research org									
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	e or			
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from			
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	esses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)								
11		An organization organized		ively to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	purposes of one or			
		more publicly supported or	•	•	-		•				
		lines 12a through 12d that	-								
а		Type I. A supporting orga				-	•	, aivina			
٠	· -	the supported organization	•	•	•	-					
		• • • • •			a majority	or the dire	ctors or trustees or the s	supporting			
		organization. You must o									
k	) [		•					-			
		control or management of			ame perso	ons that co	ontrol or manage the sup	pported			
		organization(s). You mus									
C	: L	☐ Type III functionally integrated in the property of th	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,			
		_ its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
C	ıL		<b>y integrated.</b> A supp	orting organization oper	ated in co	nnection v	with its supported organ	zation(s)			
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.				
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III				
		functionally integrated, or									
f	Ente	er the number of supported of		, 3 11							
		vide the following information	-					•			
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))		110					
Tota	al										

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	656,266.	976,350.	1,063,408.	1,536,385.	1,841,926.	6,074,335.
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	656,266.	976,350.	1,063,408.	1,536,385.	1,841,926.	6,074,335.
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)						322,272.
	Public support. Subtract line 5 from line 4.						5,752,063.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	656,266.	976,350.	1,063,408.	1,536,385.	1,841,926.	6,074,335.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	765.	2,155.	3,575.	2,716.	1,338.	10,549.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,812.	2,312.	5,420.	1,038.	22,729.	33,311.
11	<b>Total support.</b> Add lines 7 through 10						6,118,195.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	year as a section 5	501(c)(3)	
_	organization, check this box and stop	here					<u></u> ▶∟
	ction C. Computation of Publ						0.4.00
	Public support percentage for 2021 (					14	94.02 %
	Public support percentage from 2020					15	89.96 %
16a	33 1/3% support test - 2021. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact					VI how the organiz	ation
	meets the facts-and-circumstances to	-	-	*	-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assumed after lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504( )(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				<b>P</b>
						Laci	0.4
	Public support percentage for 2021 (					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Investigation					16	%
	•					T .= T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Эa		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		<i>y</i> 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b> .			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	nizations	<b>J</b>		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	st complet	te Sections A through E.			
Sect	Section A - Adjusted Net Income  (A) Prior Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	7 Lul Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					

Schedule A (Form 990) 2021

instructions).

Sche	dule A (Form 990) 2021 Child Care La			94	4-2959973 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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 to	he 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	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(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				

Schedule A (Form 990) 2021

**e** From 2020

line 7:

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

f Total of lines 3a through 3e

Part VI. See instructions.

g Applied to underdistributions of prior yearsh Applied to 2021 distributable amount

a Applied to underdistributions of prior yearsb 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.
 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

4 Distributions for 2021 from Section D,

i Carryover from 2016 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. 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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

- Section	1301(c)(4), (3), or (6) organiza	tions. Complete Fart III.			
Name of or	ganization			Emp	loyer identification number
	Child C	are Law Center			94-2959973
Part I-A	Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 of	rganization.
2 Politic	al campaign activity expendit	zation's direct and indirect politi ures ign activities		<b></b> ▶\$	s
Part I-B	· · · · · · · · · · · · · · · · · · ·	ganization is exempt un		· •	
<b>1</b> Enter	the amount of any excise tax	incurred by the organization ur	nder section 4955	▶\$	
2 Enter	the amount of any excise tax	incurred by organization manage	gers under section 495	5 <b>►</b> \$	
		n 4955 tax, did it file Form 4720			
					Yes No
	s," describe in Part IV.		day as ation FO4(a)		(-\/O\
Part I-C		ganization is exempt un		<u> </u>	
	• •	d by the filing organization for s			
		ization's funds contributed to c			
					i
		s. Add lines 1 and 2. Enter here		•	
line 17	7b			<b>&gt;</b> \$	·
		1120-POL for this year?			
		nployer identification number (E		~	
		tion listed, enter the amount pa omptly and directly delivered to			•
	•	additional space is needed, pro		•	ate segregated fund of a
Politic				1	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

Par	t II-A		n is exempt under section 501(c)(3) and fil	led Form 5768 (el	ection under
		section 501(h)).			
A Ch	neck 🕨	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	l group member's name	e, address, EIN,
		expenses, and share of exces	s lobbying expenditures).		
<b>B</b> Ch	neck 🕨	if the filing organization check	ed box A and "limited control" provisions apply.		
			ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lo	bbying expenditures to influence publ	ic opinion (grassroots lobbying)	16,286.	
b	Total lo	bbying expenditures to influence a leg	gislative body (direct lobbying)	18,380.	
С	Total lo	bbying expenditures (add lines 1a and	d 1b)	34,666.	
d	Other e	xempt purpose expenditures		1,327,023.	
е	Total ex	empt purpose expenditures (add line	s 1c and 1d)	1,361,689.	
f	Lobbyir	ng nontaxable amount. Enter the amou	unt from the following table in both columns.	211,169.	
L	If the an	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not ove	r \$500,000	20% of the amount on line 1e.		
	Over \$5	600,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
L	Over \$1	7,000,000	\$1,000,000.		
				50 500	
g	Grassro	oots nontaxable amount (enter 25% of	f line 1f)	52,792.	
h	Subtrac	t line 1g from line 1a. If zero or less, e	nter -0-	0.	
i	Subtrac	t line 1f from line 1c. If zero or less, er	nter -0-	0.	
j	If there	is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	reportin	g section 4911 tax for this year?		L	Yes No
			4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d)</b> 2021	(e) Total			
122,735.	170,311.	191,682.	211,169.	695,897.			
				1,043,846.			
30,028.	8,665.	19,885.	34,666.	93,244.			
30,684.	42,578.	47,921.	52,792.	173,975.			
				260,963.			
		5,338.	16,286.	21,624.			
	(a) 2018 122, 735. 30, 028.	(a) 2018 (b) 2019  122,735. 170,311.  30,028. 8,665.	(a) 2018 (b) 2019 (c) 2020 122,735. 170,311. 191,682. 30,028. 8,665. 19,885. 30,684. 42,578. 47,921.	(a) 2018 (b) 2019 (c) 2020 (d) 2021 122,735. 170,311. 191,682. 211,169. 30,028. 8,665. 19,885. 34,666. 30,684. 42,578. 47,921. 52,792.			

Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				•
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO" OH	(b) Pari	III-A, IIN	e 3, is
_					
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	Jai			
_	. , ,		20		
	Current year				
	Carryover from last year Total		_		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Pai	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1	and 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Child Care Law Center

Employer identification number 94-2959973

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o						
	impermissible private benefit?		Yes No				
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, P	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area				
	Protection of natural habitat	Preservation of a	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel						
	year ▶						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year				
	<b>&gt;</b> \$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the				
	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections of		her Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works				
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fu	rtherance of public				
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treatment						
	the following amounts required to be reported under FASB A	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
b	Assets included in Form 990, Part X		<b>▶</b> \$				

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	reasures,	or Other	Similar As	sets(continued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	change progr	am			
b	Scholarly research	е							
С	Preservation for future generations								_
4	Provide a description of the organization's co	llections and explai	n how th	nev further t	the organizat	ion's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit or	•		-	-	-			
	to be sold to raise funds rather than to be ma							Yes I	No
Pai	t IV Escrow and Custodial Arrang								_
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributio	ns or other as	ssets not inc	cluded		
	on Form 990, Part X?						[	Yes I	No
b	If "Yes," explain the arrangement in Part XIII								
	•	•	· ·					Amount	_
С	Beginning balance						1c		
	Additions during the year						1d		
							1e		_
f	Distributions during the year     Ending balance								_
2a	Did the organization include an amount on Fo						?	Yes N	No
	If "Yes," explain the arrangement in Part XIII.					-			
Pai									_
	'	(a) Current year		rior year			Three years ba	ck (e) Four years ba	ck
1a	Beginning of year balance								_
	Contributions								_
	Net investment earnings, gains, and losses								
	Grants or scholarships								_
	Other expenditures for facilities								—
·	and programs								
f	Administrative expenses								—
	End of year balance								—
2	Provide the estimated percentage of the curr	ent vear end haland	re (line 1	a column (	a)) held as:	<u> </u>			—
	Board designated or quasi-endowment	one your one balanc	%	g, colaiiii (	ajj riola ao.				
	Permanent endowment	%							
	Term endowment ► %								
·	The percentages on lines 2a, 2b, and 2c show	-							
32	Are there endowment funds not in the posses	•	ation the	at are held :	and administa	ared for the	organization		
ou	by:	solon of the organiz	ation the	at are riola t	aria aariiiiiott	orda for the	organization	Yes N	lo
	(i) Unrelated organizations								—
	(ii) Related organizations								—
h	If "Yes" on line 3a(ii), are the related organization								—
4	Describe in Part XIII the intended uses of the				'			00	—
Ė	t VI Land, Buildings, and Equipm		- SWITTOTTE	idildo.					_
	Complete if the organization answered		0. Part I\	V. line 11a.	See Form 990	D. Part X. lin	e 10.		
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value								—
	bescription of property	basis (investr			(other)		ciation	(d) Book value	
	Land	,	/	5.0010	/	56.0			_
	Buildings								—
	Leasehold improvements						+		—
	Equipment			1	5,457.	1	5,457.		0.
	Other			_	,	_	-,,		_
	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								
		, 550, r art	., 55101	(-),	/				

Part VII	Investments - Other Securities.			
(a) Daggein	Complete if the organization answered "Yes"			d afternoon manufacturate
-	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (I	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	).
1.	(a) Description of liability		,,	(b) Book value
	deral income taxes			(-,
	ierai iricome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lin			
2. Liability	for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements	
organiza	ation's liability for uncertain tax positions unde	r FASB ASC 740. Check he	ere if the text of the footnote has been p	rovided in Part XIII X

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.	-	
1	Total revenue, gains, and other support per audited financial statements		1	1,865,993.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е			2e	0.
3	Subtract line 2e from line 1		3	1,865,993.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,865,993.
Pa	rt XII Reconciliation of Expenses per Audited Financial	<del>-</del>	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,361,689.
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	I Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,361,689.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	1,361,689.
	rt XIII Supplemental Information.			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part	X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provice	de any additional information.		
_	1			
Pa:	rt X, Line 2:			

Child Care Law Center is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by Child Care Law Center in their federal and state exempt organization tax returns are more likely than not to be sustained upon examination. Child Care Law Center's returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

Schedule D (Form 990) 2021	Child (	Care	Law	Center	94-2959973 Page <b>5</b>
Schedule D (Form 990) 2021 Part XIII Supplemental Infor	mation (con	tinued)			

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

Child Care Law Center

Employer identification number 94-2959973

Form 990, Part III, Line 4a, Program Service Accomplishments:

Our advocacy resulted in funding for an additional 22,000 affordable child care vouchers in California for 2022-2023. Families with low incomes will use these vouchers to pay for child care so they can work and afford their other basic living expenses.

Increasing the child care supply: Last year, CCLC assisted the

California State Fire Marshal in issuing uniform guidance to all local

fire departments. The guidance clarifies that local fire departments

may not charge a fee for fire clearances. It unifies rules regarding

inspections and fire safety. This advocacy affects approximately 25,000

home-based child care providers (and impacts 150,000-300,000 children

who attend the child care programs).

Previously, local fire departments assessed fees, and followed a wide range of rules. The inconsistent rules were a barrier to opening up a home-based child care.

This year, we monitored the implementation of the fire guidance to ensure local fire departments follow the law. For example, when Los Angeles assessed a fire safety permit fee of \$501, we explained to the Department of Finance its error and helped secure refunds to the hundreds of individuals who paid the fee. By eliminating barriers like this, we make it possible for child care providers to run their businesses, have economic security, and provide care for more children

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

Name of the organization
Child Care Law Center

Employer identification number
94-2959973

in their communities.

Protecting housing rights for child care providers: CCLC works with
government agencies and nonprofits to improve laws and policies to
prevent unjust rent increases, evictions, and discrimination.

Home-based child care providers face discrimination when trying to rent
and are susceptible to the housing crisis facing so many Californians.

Promoting and protecting child care providers' homes is critical to
addressing our housing crisis and the child care shortage. Many
families rely on home-based child care for their babies and toddlers.

Increasing economic security for child care providers: CCLC gave legal interpretation and analysis to policymakers and policy advocates on more than a dozen specific policies, laws and regulations, to assure that new federal requirements were followed, and to assure uniform interpretation across California. The results included accurate and fair reimbursements to child care providers, in particular for their work caring for children with disabilities, children in the foster care system, and children from families with low incomes.

Our interpretation and explanation of funding from Congress in the

CARES Act, the Coronavirus Response and Relief Supplemental

Appropriations, Coronavirus State and Local Fiscal Recovery Funds, and
the American Rescue Plan Act guided state agencies responsible for
distributing the funds. Thousands of child care providers received
grant payments to pay staff, purchase equipment, and make necessary
renovations to their home-based child care businesses.

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

Name of the organization Child Care Law Center

Employer identification number 94-2959973

We advocated in the state budget process to create more equitable

payment rates and retirement benefits so that child care providers, who

are some of the lowest-paid workers in the country, would be paid more

fairly and be able to meet their own expenses.

Form 990, Part III, Line 4b, Program Service Accomplishments:

In addition to our support services, we assisted with limited representation to 40 individuals regarding rights to housing, including children with disabilities, subsidy benefits, or other issues.

Form 990, Part III, Line 4c, Program Service Accomplishments:

follow to promote and protect child care programs in their communities.

CCLC educates community partners and advocates about racial justice and social justice and builds a racial equity lens into education and advocacy activities.

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

Form 990 is submitted to the Finance Committee for review in detail with
the Executive Director or Board's designee. The Form 990 is then presented
at the next Board of Directors Meeting for review and approval before
signing and mailing.

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

Each board member has a Board Handbook containing the Conflict of Interest Policy.

Board members read and review the policy each year, and we explain the

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** Child Care Law Center 94-2959973 policy to potential new board members. Every year, each board member signs the Annual Disclosure Statement. If any conflicts are disclosed, they are managed accordingly by the Board. Form 990, Part VI, Section B, Line 15a: The Board of Directors researched compensation levels of comparably-sized organizations providing comparable services in our geographic region. The Board then determined a reasonable range of compensation. Finally, the Board reviewed and approved the amount of compensation. 15(b) CCLC answered no as there were no other officers or key employees as defined by Form 990 instructions who were compensated. Form 990, Part VI, Section C, Line 19: Financial Audit and Form 990 are available: Our website at childcarelaw.org, Guidestar at guidestar.org/profile/94-2959973 and through the California State Bar upon request. Form 990, Part IX, Line 11g, Other Fees: Other fees: Program service expenses 91,344. Management and general expenses 52,925. Fundraising expenses 31,446. Total expenses 175,715. Total Other Fees on Form 990, Part IX, line 11g, Col A 175,715.