#### CHANGE OF ACCOUNTING PERIOD

ggn

Activities & Governance

Revenue

Expenses

Sign

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Paid

Preparer

Use Only

10

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection JUL 1. 2022 A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change Child Care Law Center Name change 94-2959973 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ P.O. Box 9066 (415) 558-8005 termin-ated 775,517. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended Berkeley, CA 94709 H(a) Is this a group return Applica-F Name and address of principal officer: Natasha Saggar Sheth Yes X No for subordinates? pending same as C above **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions www.childcarelaw.org H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 1985 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: Educate and advocate for child care policy to meet the needs of families, children and providers. oxed if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) <u>10</u> Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 1,841,926. 765,830**.** Contributions and grants (Part VIII, line 1h) 22,000. 900. Program service revenue (Part VIII, line 2g) 1,338. 1,157. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 729. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,865,993. 767.887 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 959,371. 446,385. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 402,318 291,538. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,361,689. 737,923. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 504,304 29,964. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,695,896. 1,710,798. Total assets (Part X, line 16) 55,424. 70,486. 21 Total liabilities (Part X, line 26) 625,410. 655,374. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Frank Pare, Board Treasurer Type or print name and title PTIN Print/Type preparer's name Preparer's signature Carlos A. Davis, CPA **₽**02037008 Firm's EIN 95-4557617 Harrington Group, CPAs, Firm's name Firm's address 2698 Mataro Street

X Yes

Phone no. (626) 403-6801

Pasadena, CA 91107 May the IRS discuss this return with the preparer shown above? See instructions

Pai	Till 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
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 285,830 · including grants of \$) (Revenue \$)  Advocacy: The CCLC fights for child care policies that are just and
	fair for children, families and providers, regardless of race or
	economic status.
	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 \$ 187,279 · including grants of \$ ) (Revenue \$ 900 · )
	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.
	Injuberces embedded in our regar system and entitle eare porreres.
	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 \$
	Lobbying: CCLC engages in administrative and legislative advocacy to
	achieve its mission. Some advocacy activities constitute lobbying. CCLC
	engages in these activities where not restricted by funders, and to the extent permitted by law.
	extent permitted by law.
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ 9,284 • including grants of \$ ) (Revenue \$ )  Total program service expenses 499,639 •
40	Total program service expenses 499,639.

# Form 990 (2022) 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٦,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
40	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		1
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		1
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	105		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 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,	. <del></del> a		<del></del>
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۵,		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2022) 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			1,7
•	Schedule J	23		X
24 a	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	24a		x
h	Schedule K. If "No," go to line 25a	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	LI		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ <b>.</b> .
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del></del>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38		38	Х	1
Pai		- 30		
	Check if Schedule O contains a response or note 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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1

## O22) Child Care Law Center Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a 12		v	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country  Can instructions for filling years in the Fig. (FDAD)			
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	En		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?  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:			
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			
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
J	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{A}$   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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	ا ا		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	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	10		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	n? <b>11a</b>	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," describe			
	on Schedule O how this was done		12c	X	
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 approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 501	(c)(3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	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, co	onflict of interest policy	y, and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records			
	Kim Kruckel - Executive Director - (415) 558-8005				
	1220 Seventh Street, 2nd Floor, Berkeley, CA 9471	0			

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	l		((	C)		iout	(D)	(E)	(F)
Name and title	Average hours per	(do	not c	Pos heck	more	1 than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				or/trus		from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or di	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	ıal trus		oyee	omper		1099-NEC)	.555	and related
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
(1) Kim Kruckel	line) 40.00	Ĕ	<u>si</u>	₹	- S	불'등	Ы			
Executive Director	10.00	1		x				117,906.	0.	13,530.
(2) Laurie Furstenfeld	40.00								•	
Legal Director		1				x		115,187.	0.	6,379.
(3) Maisha Cole	40.00							,		<u> </u>
Deputy Director		1				Х		109,849.	0.	10,653.
(4) Rachel Boyce	1.00							-		-
Chair		Х		Х				0.	0.	0.
(5) Lisa Holder	1.00									
Vice Chair		Х		Х				0.	0.	0.
(6) Natasha Saggar Sheth	1.00									
Secretary		Х		Х				0.	0.	0.
(7) Samuel Levine	1.00									
Treasurer		Х		Х				0.	0.	0.
(8) Sarah Efthymiou	1.00								_	
Board Member		Х						0.	0.	0.
(9) Fernando Gaytan	1.00									
Board Member (End 12/22)	1 00	Х						0.	0.	0.
(10) Mary Gutierrez	1.00	١								•
Board Member	1 00	Х						0.	0.	0.
(11) Ernest Hammond III	1.00	٠,,						_		0
Board Member	1 00	Х						0.	0.	0.
(12) Paula Mathis	1.00	X						0.	0.	0.
Board Member (13) Frank Pare	1.00	^				-		0.	0.	0.
Board Member	1.00	X						0.	0.	0.
(14) Moony Tong	1.00	Δ						0.	0.	<u> </u>
Board Member	1.00	Х						0.	0.	0.
Board Member	+							0.	· ·	0.
		1								
						<u> </u>				
	1									

232007 12-13-22 Form **990** (2022)

Part VII   Section A. Officers, Directors, Trus		ploy	ees			ighe	st C			-			
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average hours per		not c		more	<b>1</b> than is bot		Reportable compensation	Reportable compensation		l	timate	
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
	(list any hours for	irecto						the organization	organization (W-2/1099-MIS			pensation the	
	related	ee or d	stee			nsated		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	ıl trust	nal tru		oyee	edmos		1099-NEC)	,		an	d relate	ed
	below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	rmer				orga	anizatio	ons
	,	트	드	5	3	三百	<u>R</u>						
								2.4.2.2.4.2		_			
1b Subtotal								342,942.		00.	3	0,5	62. 0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								342,942.		0.	3	0,5	
2 Total number of individuals (including but r								<u> </u>	,000 of reportab			- , -	
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hig	hest compensated emp	loyee on			163	NO
line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the si			-					•	the organization				37
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>									dual for convicos		4		X
rendered to the organization? If "Yes," com	•				-	•		•			5		Х
Section B. Independent Contractors	•			·								•	
1 Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	rom	
(A)	tric calcindar y	cai	Cridi	ng v	VICII	OI W		(B)	ycar.		(0	<del></del>	
Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatior	1
<ul><li>Total number of independent contractors (</li><li>\$100,000 of compensation from the organic</li></ul>		ot li	mite	d to		se li: 0	stec	d above) who received m	ore than				
, , , , , , , , , , , , , , , , , , ,											Form	990 (2	2022)

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 16,031. c Fundraising events ..... 1c d Related organizations 1d 345,235. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 404,564. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 765,830. h Total. Add lines 1a-1f **Business Code** 900. 900099 900. 2 a Training Program Service Revenue f All other program service revenue 900. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 1,157. 1,157. 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 (ii) Other 7 a Gross amount from sales of 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 \$ 16,031. of contributions reported on line 1c). See Part IV, line 18 7,630. 7,630. **b** Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 767,887. 900. 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			g	
	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,	50 500	F0 000	4.4.553	2 605
	trustees, and key employees	68,600.	50,202.	14,773.	3,625.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	330,722.	242,127.	72,897.	15 600
7	Other salaries and wages	330,144.	444,141.	14,031.	15,698.
8	Pension plan accruals and contributions (include	7,968.	5,809.	1,366.	793.
9	section 401(k) and 403(b) employer contributions) Other employee benefits	9,125.	6,653.	1,565.	907.
10	Payroll taxes	29,970.	19,860.	7,525.	2,585.
11	Fees for services (nonemployees):	23/3/01	1370001	7 7 3 2 3 4	2,3031
	Management				
	Legal	164.		164.	
	Accounting	27,750.		27,750.	
	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.)	221,034.	153,253.	15,743.	52,038.
12	Advertising and promotion				
13	Office expenses	10,684.	5,955.	2,992.	1,737. 1,282.
14	Information technology	5,514.	3,294.	938.	1,282.
15	Royalties				
16	Occupancy	745.	4 620	745.	
17	Travel	6,068.	4,638.	841.	589.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F 200	0.50	27	4 220
19	Conferences, conventions, and meetings	5,209.	852.	27.	4,330.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,207.	2,582.	1,209.	416.
23	Other expenses. Itemize expenses not covered	7,40/•	2,302.	1,409.	410.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Miscellaneous	7,620.	2,389.	4,838.	393.
b	Dues & subscriptions	2,543.	2,025.	196.	322.
c		,			
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	737,923.	499,639.	153,569.	84,715.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (0000)

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			841,362.	1	849,471.
	2	Savings and temporary cash investments			822,406.	2	823,863.
	3	Pledges and grants receivable, net			15,698.	3	22,539.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantia	l contributor, or 35%			
		controlled entity or family member of any of t	hese pe	rsons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	ibed in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
∢	9	Prepaid expenses and deferred charges			16,430.	9	14,925.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	15,457.			
	b	Less: accumulated depreciation	10k	15,457.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	1,695,896.	16	1,710,798.
	17	Accounts payable and accrued expenses		70,486.	17	55,424.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part I	V of Schedule D		21	
es	22	Loans and other payables to any current or f					
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un		F		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			70,486.	25	55,424.
	26	Total liabilities. Add lines 17 through 25			70,400.	26	33,424.
Se Se		Organizations that follow FASB ASC 958, o	cneck n	ere 🔼			
ŭ		and complete lines 27, 28, 32, and 33.			948,079.	07	1,023,818.
3ale	27				677,331.	27 28	631,556.
βE	28	Net assets with donor restrictions			077,331.	28	031,330.
Ē		Organizations that do not follow FASB ASC	C 958, C	neck nere			
ō		and complete lines 29 through 33.				00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
Ass	30	Paid-in or capital surplus, or land, building, or				30	
et/	31	Retained earnings, endowment, accumulated		F	1,625,410.	31 32	1,655,374.
Z	32	Total liabilities and not assets/fund balances			1,695,896.		1,710,798.
	33	Total liabilities and net assets/fund balances			1,000,090.	33	1,110,190.

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,62	5,4	<u> 10.</u>
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	1,65	5,3	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 Schedul	e 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 reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	\

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Child Care Law Center

Employer identification number

94-2959973 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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.)

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  The portion of total contributions  (a) 2018  (b) 2019  (c) 2020  (d) 2021  (e) 2022  (f) Total  976, 350 • 1,063,408. 1,536,385. 1,841,926. 765,830 • 6,183,	
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3 976, 350 • 1,063,408. 1,536,385. 1,841,926. 765,830 • 6,183,	
include any "unusual grants.") 976,350 1,063,408. 1,536,385. 1,841,926. 765,830 6,183,  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3 976,350 1,063,408. 1,536,385. 1,841,926. 765,830 6,183,	
<ul> <li>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>3 The value of services or facilities furnished by a governmental unit to the organization without charge</li> <li>4 Total. Add lines 1 through 3</li></ul>	
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	899.
or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3	
The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3	
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3 976,350 • 1,063,408. 1,536,385. 1,841,926. 765,830 • 6,183,	
the organization without charge	
4 Total. Add lines 1 through 3 976, 350. 1,063,408. 1,536,385. 1,841,926. 765,830. 6,183,	
5 The portion of total contributions	399.
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) 242,9	
6 Public support, Subtract line 5 from line 4. 5,940,	953.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Tota	
7 Amounts from line 4 976,350 · 1,063,408. 1,536,385. 1,841,926. 765,830 • 6,183,	399.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	1 1
and income from similar sources 2,155. 3,575. 2,716. 1,338. 1,157. 10,9	<u>τ</u> Τ •
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.) 2,312. 5,420. 1,038. 22,729. 31,4	١.
11 Total support. Add lines 7 through 10 6,226,	00.
are see recording the month ordered destruction, steel (see mistraterions)	, o .
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	
Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	
14Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))1495 • 4215Public support percentage from 2021 Schedule A, Part II, line 141594 • 02	<u>%</u> %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	70
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and <b>stop here.</b> The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	Ħ

(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	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	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						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
k	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9c		
	23		
	10a		
lula	10b	n 000	

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

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations	y
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <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		

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) 2022

instructions).

Sche	dule A (Form 990) 2022 CILLIA Care La				4-29599/3 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
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 exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pr		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 t	he organization is responsive	)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Part		Sup	plem	enta	al Info	ormat	tion. F	Provide	e the ex	planation	ons	require	ed by F	Part II,	line	e 10; Pa	rt II.	line 17	a or 17	b; Pa	rt III, lin	ie 12;	g
	 	Part I ine 1 Secti	V, Sec <sup>.</sup> ; Part I	tion A V, Se nes 5	A, lines ection [ 5, 6, an	1, 2, 3 D, lines	8b, 3c, 4 2 and	4b, 4c 3; Par	, 5a, 6, t t IV, Se	9a, 9b,	9c, line	11a, 1 <sup>.</sup> s 1c, 2	1b, and 2a, 2b,	d 11c; 3a, ar	; Pa nd 3	rt IV, Se b; Part	ctic V, li	n B, lin ne 1; Pa	es 1 ar art V, S	nd 2; F Sectior	Part IV, n B, line	Section e 1e; Par	C, t V,
Part	: II	. ,	Shoi	rt	Yea	r Ex	xpla	nat	ion	:													
										rting	g :	per:	iod	is	s	hort	7	ear	•				

#### 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

2022

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.

Nan	ne of orga		are Law Center		Empl	oyer identification number $94-2959973$
Da	rt I-A		janization is exempt un	dor coation 501(a)	or is a soction 527 o	
1 2	Provide a	a description of the organiz campaign activity expendit	ration's direct and indirect polit ures gn activities	ical campaign activities	in Part IV.	
Pa	rt I-B	Complete if the org	janization is exempt un	der section 501(c)	(3).	
2 3 4a	Enter the If the org Was a co	e amount of any excise tax ganization incurred a sectio	incurred by the organization un incurred by organization mana n 4955 tax, did it file Form 472	gers under section 4955  O for this year?	5\$	Yes No
			janization is exempt un	der section 501(c)	, except section 501(	(c)(3).
1 2	Enter the	e amount directly expended a amount of the filing organ function activities	by the filing organization for s ization's funds contributed to o	ection 527 exempt func other organizations for s	tion activities \$ ection 527 \$	i <u>.                                    </u>
	line 17b Did the f	iling organization file <b>Form</b>	. Add lines 1 and 2. Enter here		\$	Yes No
5	made pa	lyments. For each organiza	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi o a separate political org	zation's funds. Also enter th anization, such as a separa	ne amount of political
		(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

Pa	rt II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
<b>A</b>		gs to an affiliated group (and list in Part IV each affiliated s lobbying expenditures).	group member's nam	e, address, EIN,
<u>B</u>	Check if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
18	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	3,092.	
ı	Total lobbying expenditures to influence a leg	14,154.		
(	Total lobbying expenditures (add lines 1a and	17,246.		
(	Other exempt purpose expenditures	720,677.		
	Total exempt purpose expenditures (add line	s 1c and 1d)	737,923.	
	f Lobbying nontaxable amount. Enter the amo		135,688.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 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.		
	Over \$17,000,000	\$1,000,000.		
	Grassroots nontaxable amount (enter 25% o	f line 1f)	33,922.	
- 1	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
	j If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720	_	_
	reporting section 4911 tax for this year?		<u></u>	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										
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d)</b> 2022	(e) Total						
2a Lobbying nontaxable amount	170,311.	191,682.	211,169.	135,688.	708,850.						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,063,275.						
c Total lobbying expenditures	8,665.	19,885.	34,666.	17,246.	80,462.						
<b>d</b> Grassroots nontaxable amount	42,578.	47,921.	52,792.	33,922.	177,213.						
e Grassroots ceiling amount (150% of line 2d, column (e))					265,820.						
f Grassroots lobbying expenditures		5,338.	16,286.	3,092.	24,716.						
i Grassioots lobbying experiditures		3,330.	10,200		Ja C /Farm 000\ 200						

Schedule C (Form 990) 2022

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	p)
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:				
	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?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	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				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/ \//	-\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(t	o), or se	ection	
				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?		2		
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(2), section 501(c)(4), section 501(c)(4)				. 0 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" UR	(b) Pari	ili-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 political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1	and 2 (See	
ınstrı	actions); 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	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		Similar Funds o	r Accounts. Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	ny other purpose cor	nferring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Parl	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	1	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
_	historic structure listed in the National Register			<b>2d</b>
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	terminated by the or	ganization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			Yes No
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting,		nd opforoing concor	
6	Stair and volunteer flours devoted to monitoring, inspecting,	, riariuling or violations, ai	id emorcing conserv	valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	n easements during the year
•	, modified in expenses in carried in monitoring, moposting, many	aming or violations, and on	noroning contourvation	reasonneme dannig the year
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h)(	4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot		=	
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	of Art, Historical Tre	easures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that des	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furthera	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			ain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Other	Similar As	sets(continued)		
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	following tha	at make sigr	nificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	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 No		
Pai	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part			-						
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not inc	cluded			
	on Form 990, Part X? Yes No									
b	If "Yes," explain the arrangement in Part XIII a									
								Amount		
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?	Yes No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has beer	n provided on	Part XIII				
Pai	T V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Par	t IV, line 10.				
	·	(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (d)	Three years ba	ck <b>(e)</b> Four years back		
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (	a)) held as:	•		•		
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment 9/	<del></del> 6								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for the				
	organization by:							Yes No		
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizat									
4	Describe in Part XIII the intended uses of the	organization's endo	wment :	funds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	"Yes" on Form 990	D, Part IN	/, line 11a. S	See Form 990	), Part X, lin	e 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Accu	umulated	(d) Book value		
		basis (investr	nent)	basis	(other)	depre	ciation			
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment			1	.5,457.	1	5,457.	0.		
е	Other									
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colun	nn (B), line	10c.)			0.		

Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 900 Part IV line	o 11h Soo Form 000 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	t-of-vear market value
	(b) Book value	(c) Notified of Valuation. Cost of circ	or year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(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. (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	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

94-2959973 Page 4

. u	rt XI Reconciliation of Revenue per Audited Financial St	atements with i	Revenue per R	etuiii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	775,517.
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	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	7,630.		
е	Add lines 2a through 2d			2e	7,630.
3	Subtract line 2e from line 1			3	767,887.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	, , ,			5	767,887.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per	Return	ı <b>.</b>
			•		
	Complete if the organization answered "Yes" on Form 990, Part IV, I				
1	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements	ine 12a.		1	745,553.
1 2		ine 12a.			
2	Total expenses and losses per audited financial statements	ine 12a.			
2 a	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	ine 12a.			
2 a	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments	2a 2b			
2 a	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c			745,553.
2 a b c	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a 2b 2c 2d	7,630.		745,553.
2 a b c	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses	2a 2b 2c 2d	7,630.	1	745,553.
2 a b c d	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a 2b 2c 2d	7,630.	1 	745,553.
2 a b c d e 3	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1	2a 2b 2c 2d	7,630.	1 	745,553.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	7,630.	1 	745,553.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	7,630.	1 	7,630. 737,923.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	7,630.	2e 3	7,630. 737,923.

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

#### Part X, Line 2:

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 G (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

Child C	are Law Center				94-2959	973	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitar f Solicitar g Special  or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra I (includ profess	non-g gover ising ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser from activity from activity or genization							
		Yes	No				
[otal		<u> </u>					
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration	

94-2959973 Page 2 Schedule G (Form 990) 2022 Child Care Law Center Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events None (add col. (a) through Event col. (c)) (event type) (event type) (total number) Revenue 23,661. 23,661. 1 Gross receipts 16,031 16,031. 2 Less: Contributions 7,630. 7,630. 3 Gross income (line 1 minus line 2) ....... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 4,238. 4,238. 7 Food and beverages 400. 400. 8 Entertainment 2,992. 9 Other direct expenses 2,992. 7,630. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No

No

**b** If "No," explain:

**b** If "Yes," explain:

Sch	nedule G (Form 990) 2022 Child Care Law Center 94-	2959	973	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	┌ ,		┌
12	to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:	Ш'	Yes	∟ No
	a The organization's facility	13a		%
	b An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
•	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
P	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III lir	nec 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III	103 5,	30, 100,
	·			

Schedule G	(Form 990)	Child Ca:	re Law	Center	94-2959973 Page 4
Part IV	(Form 990) Supplemental Info	mation (continue	ed)		<u> </u>
•					

#### 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.

OMB No. 1545-0047

2022

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

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.

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 individuals with

limited representation to protect housing, subsidies for children with

disabilities, subsidy benefits, or other issues.

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

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 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

Name of the organization
Child Care Law Center

Employer identification number
94-2959973

advocacy activities.

Expenses \$ 9,284. including grants of \$ 0. Revenue \$ 0.

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 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 153,253. Management and general expenses 52,038. Total expenses 221,034. Total Other Fees on Form 990, Part IX, line 11g, Col A 221,034.	Name of the organization Child Care Law Center	Employer identification number 94-2959973
request.  Form 990, Part IX, Line 11g, Other Fees:  Other fees:  Program service expenses 153,253.  Management and general expenses 15,743.  Fundraising expenses 52,038.  Total expenses 221,034.	Our website at childcarelaw.org, Guidestar at	
Form 990, Part IX, Line 11g, Other Fees:  Other fees:  Program service expenses  Management and general expenses  Fundraising expenses  Total expenses  221,034.	guidestar.org/profile/94-2959973 and through the Californ	ia State Bar upon
Other fees:  Program service expenses 153,253.  Management and general expenses 15,743.  Fundraising expenses 52,038.  Total expenses 221,034.	request.	
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Management and general expenses 15,743.  Fundraising expenses 52,038.  Total expenses 221,034.	Other fees:	
Fundraising expenses 52,038.  Total expenses 221,034.	Program service expenses	153,253.
Total expenses 221,034.	Management and general expenses	15,743.
	Fundraising expenses	52,038.
Total Other Fees on Form 990, Part IX, line 11g, Col A 221,034.	Total expenses	221,034.
	Total Other Fees on Form 990, Part IX, line 11g, Col A	221,034.