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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2023 calendar year, or tax year beginning 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 2,526,578. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended Berkeley, CA 94709 H(a) Is this a group return Applica-F Name and address of principal officer: Maisha Cole Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or (insert no.) www.childcarelaw.org H(c) Group exemption number K Form of organization: X Corporation Association 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 Activities & Governance care policy to meet the needs of families, children and providers. Check this box oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 <u>11</u> Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2023 (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 Current Year 765,830. 2,476,270. Contributions and grants (Part VIII, line 1h) Revenue 900. 6,000. Program service revenue (Part VIII, line 2g) 1,157. 28,868. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,032. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 767,887. 2,515,170. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 446,385. 1,140,713. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 291,538 823,391. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 737,923. 1,964,104. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,964. 551,066. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,710,798. 2,263,406. Total assets (Part X, line 16) 55,424. 56,966. 21 Total liabilities (Part X, line 26) 2,206,440. 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 anv knowledge. Signature of officer Date Sign Maisha Cole, Executive Director Here Type or print name and title

Preparer's signature

CPAs,

PTIN

Firm's EIN 95-4557617

Phone no. (626) 403-6801

₽02037008

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address 2698 Mataro Street

Harrington Group,

Pasadena, CA 91107

Print/Type preparer's name

Firm's name

Paid

Preparer

Use Only

Carlos A. Davis, CPA

Date

Pa	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.
	<u> </u>
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.
-1 a	(Code:) (Expenses \$1,177,024. 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.
	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 December 2023 will also benefit.
4b	(Code:) (Expenses \$165 , 211
	Technical assistance for legal services programs: CCLC is the only
	organization in the country devoted exclusively to child care law. Our
	primary purpose is to provide technical assistance, information,
	training, and co-counseling to IOLTA-funded legal services programs in
	California. Through our research and advocacy, we address the systemic
	injustices embedded in our legal system and child care policies.
	We update legal aid programs about changing laws and regulations that
	impact Californians with low incomes, so they can help their clients.
	Legal aid programs rely on our legal expertise about children and
	families and child care to give assistance and representation to their
	clients.
4c	(Code:)(Expenses \$100,555. including grants of \$) (Revenue \$) Community education and outreach: CCLC gives families, child care
	Community education and outreach: CCLC gives families, child care
	providers, attorneys, and advocates specific information about child
	care-related legal topics, including children with disabilities,
	housing and zoning rights, and child care financial assistance. We conducted 50 workshops attended by approximately 3,000 people, answered
	300 questions for information via email, and posted answers to 63
	Frequently Asked Questions on our website. Our staff also participated
	in countless informal information sessions, stakeholder meetings, and
	community meetings so attendees could rely on legal expertise.
	CCLC includes landlords, city governments, and homeowner associations
	in our community education plan. Hence, they know the rules they must
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 49,892 • including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 1,492,682.

Form 990 (2023) Child Care Law Center Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	•	Х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 21	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	

Form 990 (2023) Child Care Law Center Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		 ^
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	002		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		Yes	No
ıd h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b 0			
C.	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No						
2 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						
	ia Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
Ua										
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X						
	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	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	, , ,									
	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 $\frac{N}{A}$ 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.									

Form 990 (2023)

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	11								
	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	11								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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 th	e direct supervisio	n								
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	L	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	L	5		X					
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint one or									
	more members of the governing body?		L	7a		Х					
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		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:									
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х					
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 cl	napters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the t	orm?	11a	Х						
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	Х						
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 "Y	es," describe									
	on Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approve	al by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	Х						
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	ment with a									
	taxable entity during the year?			16a		X					
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 organic	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, a	nd 990-T (section 5	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 p	olicy, and	d finar	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									
	Maisha Cole - 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)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos heck		than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is botl or/trus	h an	compensation	compensation	amount of
	week				10010	1711 43	100)	from	from related	other
	(list any hours for	direct				ъ		the organization	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the
	related	Individual trustee or director	stee			nsate		(W-2/1099-MISC/		organization
	organizations	trust	ıal tru		yee	ompe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ib	Insti	Officer	Key	High emp	Former			
(1) Kim Kruckel	40.00							456.046		
Executive Director	1000			Х				156,216.	0.	5,908.
(2) Laurie Furstenfeld	40.00					l <u></u>		100 000	•	2 265
Legal Director	1000					Х		128,889.	0.	3,867.
(3) Maisha Cole	40.00					l <u></u>		116 000	•	4 005
Deputy Director	10.00					Х		116,288.	0.	4,285.
(4) Deanne Bray	40.00							106 505	•	1 065
Director of Finance	1 00					Х		106,525.	0.	1,065.
(5) Rachel Boyce	1.00	\ \		7.					0	0
Chair/Board Member (Trs. 3/23)	1 00	Х		Х				0.	0.	0.
(6) Natasha Saggar Sheth	1.00	X		7.				0.	0.	0
Secretary/Chair (Trs. 3/23)	1.00	Δ.		Х				0.	0.	0.
(7) Lisa Holder	1.00	Х		x				0.	0.	0.
Vice Chair/Board Member (Trs. 3/23) (8) Ernest Hammond III	1.00	Δ		Λ				0.	0.	<u> </u>
Board Member/Vice Chair (Trs. 3/23)	1.00	X		x				0.	0.	0.
(9) Samuel Levine	1.00	^		Δ				0.	0.	<u></u>
Treasurer/Board Member (Trs. 3/23)	1.00	Х		X				0.	0.	0.
(10) Frank Pare	1.00	^		Δ				0.	· ·	
Board Member/Treasurer (Trs. 3/23)	1.00	Х		Х				0.	0.	0.
(11) Sarah Efthymiou	1.00			22				0.	0.	
Board Member/Secretary (Trs. 3/23)	1:00	x		x				0.	0.	0.
(12) Mary Gutierrez-Hunter	1.00					Н				
Board Member		x						0.	0.	0.
(13) Paula Mathis	1.00							•		
Board Member		х						0.	0.	0.
(14) Sabrina Siddiqui	1.00							-		
Board Member (Start 3/23)		х						0.	0.	0.
(15) Moony Tong	1.00									
Board Member		х						0.	0.	0.
										- 000

332007 12-21-23 Form **990** (2023)

Part VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable)	Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	วท	an	nount	of
		week	-	cer ar	ia a d	urecto	or/trus	tee)	from	from related			other	
		(list any	ector						the	organization			pensa	
		hours for related	or di	es.			ated		organization	(W-2/1099-MI			om th	
		organizations	ustee	truste		eo	bens		(W-2/1099-MISC/	1099-NEC)	1	_ ~	anizat	
		below	ual tr	ional		ploye	t con	١.	1099-NEC)				d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ai iiZati	0113
		,	트	드	0	포	工旨	Œ.						
			1											
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			1								ļ			
1b Subt	otal							<u> </u>	507,918.		0.	1	5,1	25.
	I from continuation sheets to Part VI								0.		0.			0.
d Tota	l (add lines 1b and 1c)		<u></u>						507,918.		0.	1	5,1	<u>25.</u>
2 Total	number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportab	ole			
comp	pensation from the organization													. 4
0 D:44	le a companienti de list anos facos e efficac	alius akau kuu sak	1					د ا دا ،					Yes	No
	he organization list any former officer, a? If "Yes," complete Schedule J for s			•		•		_		•		3		Х
	any individual listed on line 1a, is the su											3		
	related organizations greater than \$150	=		-					· · · · · · · · · · · · · · · · · · ·	tile organization		4	Х	
	any person listed on line 1a receive or a			•						dual for services	····· 3			
	ered to the organization? If "Yes," com											5		Х
Section B	3. Independent Contractors													
	plete this table for your five highest co										npens	ation 1	from	
the o	organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir		year.		10	`	
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	ervices	С	O) ompe		n
	number of independent contractors (i		ot li	mite	d to		^	stec	d above) who received m	nore than				
\$100	0,000 of compensation from the organia	zation					<u> </u>					_	990 <i>(</i>	2000)

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 2,758. c Fundraising events 1c d Related organizations 1d 1,104,570. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,368,942 similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f 2,476,270. h Total. Add lines 1a-1f **Business Code** 900099 6,000. 6,000. 2 a Training Program Service Revenue f All other program service revenue 6,000. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 28,868. 28,868. 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 \$2,758. ofcontributions reported on line 1c). See 11,408. Part IV, line 18 11,408. **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 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 4,032. 11 a Other income 900099 4,032. b d All other revenue 4,032. e Total. Add lines 11a-11d 2,515,170. 6,000. 32,900. 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	se or note to any line in	this Part IX		X
Doi	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
'	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
•	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,	160 104	100 013	24 506	F 40F
	trustees, and key employees	162,124.	122,213.	34,506.	5,405.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	827,523.	622,810.	177,365.	27,348.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	15,915.	12,505.	2,758.	652.
9	Other employee benefits	60,142.	47,258.	10,422.	2,462.
10	Payroll taxes	75,009.	53,391.	13,360.	8,258.
11	Fees for services (nonemployees):			,	
	Management				
b		1,395.		1,395.	
	Legal	19,070.		19,070.	
	Accounting	15,010.		13,070.	
d	, , , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	CCE 040	E7E 242	20 722	CO 07C
	column (A), amount, list line 11g expenses on Sch 0.)	665,040.	575,342.	28,722.	60,976.
12	Advertising and promotion	10 500	10.060	6 505	0 025
13	Office expenses	19,780.	10,960.	6,585.	2,235.
14	Information technology	3,575.		575.	3,000.
15	Royalties				
16	Occupancy	33,915.	13,139.	20,062.	714.
17	Travel	20,995.	11,111.	8,470.	1,414.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,713.	1,545.	1,049.	6,119.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,074.	3,897.	1,529.	648.
24	Other expenses. Itemize expenses not covered	· / · - ·	3,33.	_,,	, ,
4 4	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.) Miscellaneous	38,346.	15,585.	18,221.	4,540.
a	Dues & subscriptions	6,488.	2,926.	3,507.	55.
b	Dues & subscriptions	0,400.	4,940.	3,307.	33.
С					
d					
е	All other expenses	1 0 6 4 1 0 4	1 400 600	245 526	100 000
25	Total functional expenses. Add lines 1 through 24e	1,964,104.	1,492,682.	347,596.	123,826.
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)				
22201	n 12-21-23				Form 990 (2023)

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			849,471.	1	1,048,727
	2	Savings and temporary cash investments			823,863.	2	591,602
	3	Pledges and grants receivable, net			22,539.	3	600,000
	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		5			
	6	Loans and other receivables from other disqu					
		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			14,925.	9	17,355
	10a	Land, buildings, and equipment: cost or other		1			
		basis. Complete Part VI of Schedule D	10a	15,457.			
	b	Less: accumulated depreciation			0.	10c	0
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0.	15	5,722	
	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	1,710,798.	16	2,263,406
	17	Accounts payable and accrued expenses			55,424.	17	56,966
	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	ormer of	ficer, director,			
=		trustee, key employee, creator or founder, su	ıbstantia	l contributor, or 35%			
Liabilities		controlled entity or family member of any of t		_		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X			
		of Schedule D			EE 404	25	FC 0CC
	26	Total liabilities. Add lines 17 through 25			55,424.	26	56,966
Ş		Organizations that follow FASB ASC 958, o	check h	ere X			
ng P		and complete lines 27, 28, 32, and 33.			1 000 010		1 406 600
ala	27	Net assets without donor restrictions			1,023,818.	27	1,406,698 799,742
<u>Б</u>	28	Net assets with donor restrictions			631,556.	28	199,142
בֿי		Organizations that do not follow FASB AS6	C 958, c	heck here			
<u></u>		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fun				29	
SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,655,374.	31	2,206,440
ž	32	Total net assets or fund balances				32	
	33	Total liabilities and net assets/fund balances			1,710,798.	33	2,263,406

Pа	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		2,51				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,96		$\frac{04.}{66.}$		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1						
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	2,20	6,4	40.		
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						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	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	X			
	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		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Pá	rt I	Reason for Public		(All organizations must c	omnlete th	nis nart \ S		1 2333373			
		nization is not a private found									
	organ	•			•	•					
1		A church, convention of ch	•			n 170(a)(1	I)(A)(I).				
2	Н	A school described in sect									
3	Щ	A hospital or a cooperative	hospital service org	anization described in s e	ection 170	(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit descrit	oed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go	vernment or governr	nental unit described in s	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma						public described in			
-		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \						
9		An agricultural research org				nd in coni	inction with a land grant	collogo			
9			-			-	-	-			
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	ge or			
40		university:									
10		An organization that norma									
		activities related to its exen		•	, ,		• •	· ·			
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)								
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	ıfety. See s	section 50)9(a)(4).				
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on			
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.				
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving			
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•						
		organization. You must o			,,						
b		Type II. A supporting org	-		tion with it	e sunnort	ed organization(s) by ha	avina			
~	,	control or management o									
		-			arrie perso	nis triat co	of that age the sup	pported			
		organization(s). You mus						1			
C	;		- :					ea with,			
	. –	its supported organizatio		•							
C	I L	☐ Type III non-functionally					• • • • • •	* *			
		that is not functionally int	-		•		•	riveness			
		_ requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.				
e	. L	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.					
f	Ent	er the number of supported o	organizations								
	Pro	vide the following information	about the supporte	ed organization(s).							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
_											
Tota	al							1			

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,063,408.	1,536,385.	1,841,926.	765,830.	2,476,270.	7,683,819.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,063,408.	1,536,385.	1,841,926.	765,830.	2,476,270.	7,683,819.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						751,718.
	Public support. Subtract line 5 from line 4.						6,932,101.
	tion B. Total Support	1			1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,063,408.	1,536,385.	1,841,926.	765,830.	2,476,270.	7,683,819.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 555	0 816	4 220	4 4 5 5	00 000	25 654
	and income from similar sources	3,575.	2,716.	1,338.	1,157.	28,868.	37,654.
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	F 400	1 020	00 700		4 000	22 010
	assets (Explain in Part VI.)	5,420.	1,038.	22,729.		4,032.	33,219.
11	Total support. Add lines 7 through 10						7,754,692.
12	Gross receipts from related activities,		,			12	6,900.
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
<u></u>	organization, check this box and stor						<u></u>
	tion C. Computation of Publ			. (0)			89.39 %
	Public support percentage for 2023 (14	0F 40
	Public support percentage from 2022					15	, -
Iba	33 1/3% support test - 2023. If the contain have The approximation supplifies	-					
	stop here. The organization qualifies						
D	33 1/3% support test - 2022. If the condition have	-					
17~	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the fact					_	
J.	meets the facts-and-circumstances to	•	•	• • • •	•	170, and line 15 is	
D	10% -facts-and-circumstances tes	_					10% UI
	more, and if the organization meets the organization meets the facts-and-circ		•		•		
12	Private foundation. If the organization						e
10	riivate iounuation. Il the organizatio	in did flot Check a		a, 100, 17a, 01 17k	o, oneon this box a	seestruction	s⊔

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

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

Se	ction A. Public Support	clow, picase com	piete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(, _0.0	(=, ====	(2, 202)	(=, ====	(2, 2020	(.,
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4	iness under section 513						_
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	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						
13	assets (Explain in Part VI.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	vear as a section	501(c)(3) organizat	tion.
	check this box and stop here	· ·		,		. , . ,	
Se	ction C. Computation of Publ						
15	Public support percentage for 2023 (ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inve					•	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2022. If the						and
_	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.)

1		Yes	No
	1		
	_		
	2		
	3a		
	01		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	5a		
	5b		
	5c		
	5C		
	_		
	6		
	7		
	0		
	8		
	9a		
	9b		
	an		
	9с		
	10a		
	iva		
	10b		
dule	A (Forr	n 990)	2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily 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			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	J	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200		rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.	otruotio	nol	
C		The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see in</i> ies Test. Answer lines 2a and 2b below.	Struction	\vdash	No
2		best rest. Answer lines 2a and 2b below. Ibstantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? If Fes, therein Fait vindentity			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> Lu</u>		
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization is involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		

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

Schedule A (Form 990) 2023

instructions).

Sche	edule A (Form 990) 2023 Child Care La			94	1-2959973 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 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) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				

Schedule A (Form 990) 2023

5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

7 Excess distributions carryover to 2024. Add lines 3j

than zero, explain in Part VI. See instructions.
Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Part VI. See instructions.

and 4c.
 B Breakdown of line 7:
 a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

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

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Schedule B (Form 990) (2023)

C	hild Care Law Center	94-2959973
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	panization type (check one): rs of: Section: m 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization m 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) exempt private foundation 501(c)(3) taxable private foundation ceck if your organization is covered by the General Rule or a Special Rule. The conly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. The rall Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special Rules		
sections 509(a)(1 contributor, during) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i)	and that received from any one
contributor, durir literary, or educa	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, s tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I	cientific,
year, contribution is checked, enter purpose. Don't c	ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled in there the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because in	more than \$1,000. If this box is, charitable, etc., t received <i>nonexclusively</i>
answer "No" on Part IV, lir		•

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

Name of organization Employer identification number

Child Care Law Center

94-2959973

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Blue Shield of California Foundation 315 Montgomery Street, Suite 1200 San Francisco, CA 94104	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Heising-Simons Foundation 400 Main Street, Suite 200 Los Altos, CA 94022	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Lorber Family Foundation 429 Summer St. Westwood, MA 02090	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 State Bar Of California 180 Howard St. San Francisco, CA 94105	\$1,104,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Swift River Fund 21 Orinda Way Suite C393 Orinda, CA 94563	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name address and ZIP + 4	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Child Care Law Center

94-2959973

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

Name of organization Employer identification number 94-2959973 Child Care Law Center Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

| 2023

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

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.

		,, or (o) organiza	alono. Completo i are in:				
Nan	ne of organization	al-111 a	Janes Tanas Garata an		Emp	oloyer identification	
D			are Law Center	-l		94-295997	3
Pa	art I-A Compl	ete if the org	ganization is exempt un	der section 501(c)	or is a section 527 of	organization.	
			zation's direct and indirect polit			_	
			tures			\$	
3	Volunteer hours for	political campa	ign activities				
Da	art I B Compl	ata if the ar	ganization is exempt un	dor coation 501(a)	(3)		
	-		•		` '	ή.	
			incurred by the organization ur				
			incurred by organization mana				
			on 4955 tax, did it file Form 472			— -	No No
						Yes	NO
_	o If "Yes," describe in		ganization is exempt un	der section 501(c)	except section 501	(c)(3)	
	-		d by the filing organization for s		•	• • • •	
			nization's funds contributed to c			Φ	
2						^	
2			s. Add lines 1 and 2. Enter here			Φ	
3	•	•			•	1	
4			1120-POL for this year?				No
5			mployer identification number (
3			ation listed, enter the amount pa				
		•	comptly and directly delivered to	• •		•	
		•	additional space is needed, pro		•	aro eegregarea rama	J. 4
	(a) Name	. ,	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of po	litical
	(a) Name	9	(b) Address	(6) 2.11	filing organization's	contributions recei	
					funds. If none, enter -0-		,
						delivered to a sep	
						If none, enter	

SCI	iedule C (F				Law Center			939973 Page 2
Pa	art II-A	Complete if the org	janization is	exei	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
Α	Check					n Part IV each affiliated	group member's nam	e, address, EIN,
_		expenses, and sha						
<u>B</u>	Check	if the filing organiza	tion checked bo	x A ar	nd "limited control" pro	ovisions apply.		
			ts on Lobbying l ditures" means		nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1:	a Total lob	bying expenditures to infl	uence public opi	nion (grassroots lobbying)		0.	
 b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) 						0.		
							0.	
		cempt purpose expenditur					1,964,104.	
e Total exempt purpose expenditures (add lines 1c and 1d)					1,964,104.			
		g nontaxable amount. Ent					248,205.	
		ount on line 1e, column (a) o			bying nontaxable am			
	not over	\$500,000,	20	% of	the amount on line 1e.			
	over \$50	00,000 but not over \$1,000	0,000, \$1	00,00	00 plus 15% of the exc	ess over \$500,000.		
	over \$1,	000,000 but not over \$1,5	00,000, \$1	75,00	00 plus 10% of the exc	ess over \$1,000,000.		
	over \$1,	500,000 but not over \$17,	000,000, \$2	25,00	00 plus 5% of the exce	ss over \$1,500,000.		
	over \$17	7,000,000,	\$1	,000,0	000.			
	g Grassro	ots nontaxable amount (er	nter 25% of line 1	lf)			62,051.	
	h Subtrac	t line 1g from line 1a. If zer	o or less, enter -0)			0.	
	i Subtrac	t line 1f from line 1c. If zero	o or less, enter -0	-			0.	
		s an amount other than ze						
	reporting	g section 4911 tax for this	year?					Yes No
		(Some organizations t	hat made a sect See the s	ion 5 epara	ate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	elow.
			Lobbying I	Exper	nditures During 4-Yea	ar Averaging Period		
		Calendar year al year beginning in)	(a) 2020		(b) 2021	(c) 2022	(d) 2023	(e) Total
2	a Lobbyin	g nontaxable amount	191,6	82.	211,169.	135,688.	248,205.	786,744.
	,	g ceiling amount of line 2a, column(e))						1,180,116.
	c Total lob	obying expenditures	19,8	85.	34,666.	17,246.		71,797.

52,792.

16,286.

47,921.

5,338.

33,922.

3,092.

24,716. Schedule C (Form 990) 2023

196,686.

295,029.

62,051.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

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 not be 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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/)/5	•		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), 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				
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(2) and if a literature (a) POTU Part III A literature (a) 100 (c)(4), section 501(c)(4), section 501(c)(6), section				. 0 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR (b) Pari	i III-A, IIN	e 3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	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 exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	cess			
	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		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II-A	, lines 1	and 2 (see	
ınstr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Child Care Law Center

Employer identification number 94-2959973

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		Similar Funds o	r Accounts. Complete if the
	organization anowored 100 or 1000, 1 are 10, iii	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	.,		• •
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	ny other purpose cor	nferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part	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			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the or	ganization during the tax
	year			
4	Number of states where property subject to conservation ea		 	
5	Does the organization have a written policy regarding the pe			
_	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	a easements during the year
•	, who are or expenses in our earliest in the intering, inspecting, hard	aming of violations, and on	Toroning deriber valier	r data in g the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements	s of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statement	s that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	of Art, Historical Tre	easures, or 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 fina	ncial statements that des	cribes 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	easures, or other similar a	ssets for financial ga	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, His	torical Tr	easures,	or Other	Similar As	sets(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following tha	at make sig	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	ollections and explai	n how th	ney further t	he organizati	ion's exemp	ot purpose in F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?		[Yes	☐ No
Pai	t IV Escrow and Custodial Arran							V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contributio	ns or other a	ssets not ir	ncluded		
	on Form 990, Part X?						[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
	· · ·	•						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
	If "Yes," explain the arrangement in Part XIII.	· · ·				•			
Pai									
	·	(a) Current year		rior year) Three years ba	ck (e) Four y	ears back
1a	Beginning of year balance	, , ,	, ,			,	-	1	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
C									
	Administrative expenses								
	T .								
_	End of year balance	ont year and balance	l oo (lino 1	a column (a)) hold as:				
2				g, coluitiii (a	a)) Helu as.				
	Board designated or quasi-endowment	%	_%						
b	Permanent endowment	⁹⁰							
С		-							
2-	The percentages on lines 2a, 2b, and 2c sho	•	-4:41						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are neid a	and administe	ered for the	,	T.	es No
	organization by:								es No
	(i) Unrelated organizations?								
	(ii) Related organizations?								
_	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		owment	tunds.					
Pai	t VI Land, Buildings, and Equipm		0 D+ IV	/ Uma dda (3 F 000) Dad V II.	10		
	Complete if the organization answered				1				
	Description of property	(a) Cost or o			t or other		umulated	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	eciation		
	Land								
	Buildings								
	Leasehold improvements			4	- 4	4	<u> </u>		
	Equipment			1	5,457.	1	L5,457.		0.
	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. line 1	0c. column	n (B))				0.

Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11h Saa Form 000 Part V lina 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) Wethod of Valuation. Cost of end	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, line 12, col. (B))			
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, line 13, col. (B))			
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, line 15, co	l. (B))		
Part X Other Liabilities	5 000 B . N/ II		
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
			(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, line 25, co	I. (B))		
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

Sche	edule D (Form 990) 2023 Child Care Law Center		94-2	49599/3 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,515,170.
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			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,515,170.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	' <u>-</u>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			2,515,170.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	1,964,104.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,964,104.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5				1,964,104.
Pa	rt XIII Supplemental Information			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;	Part V, line 4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Par	rt X. Line 2:			

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

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

Schedule D (Form 990) 2023	Child Care	Law Center	94-2959973	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation (continued)			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

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

Child Care Law Center

Employer identification number 94-2959973

Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee □ Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990. Part VII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? X **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		compensation incentive	(ii) Bonus & incentive compensation	(iii) Other compensation reportable compensation			reported as deferred on prior Form 990	
(1) Kim Kruckel	(i)	139,968.	16,248.	0.	4,686.	1,222.		0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							
	(ii)							
	(i)							
,	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(11)						L	

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
2023
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 2023. Families with low incomes will use these vouchers to pay for child care so they can work and afford their other basic living expenses.

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

California State Fire Marshal in issuing uniform guidance to all local

fire departments. The guidance clarifies that local fire departments

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

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

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

who attend the child care programs).

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

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization
Child Care Law Center

Employer identification number
94-2959973

in their communities.

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

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

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

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

Our interpretation and explanation of funding from Congress in the

CARES Act, the Coronavirus Response and Relief Supplemental

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization
Child Care Law Center

Employer identification number 94-2959973

We advocated in the state budget process to create more equitable

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

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

fairly and be able to meet their own expenses.

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

In addition to our support services, we assisted individuals with

limited representation to protect housing, subsidies for children with

disabilities, subsidy benefits, or other issues.

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

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

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

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

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.

Expenses \$ 49,892. 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

Schedule O (Form 990) 2023 Page **2**

Name of the organization
Child Care Law Center

Employer identification number 94-2959973

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

575,342.

Schedule O (Form 990) 2023

Name of the organization

Page 2

Employer identification number

Name of the organization Child Care Law Center	Employer identification number 94-2959973
Management and general expenses	28,722.
Fundraising expenses	60,976.
Total expenses	665,040.
Total Other Fees on Form 990, Part IX, line 11g, Col A	665,040.

TAXABLE YEAR

California Exempt Organization Annual Information Return

328941 12-26-23 FORM

	202	3 Annual Information	า Return							199	
Cale	endar Year	2023 or fiscal year beginning (mm/dd/yyyy)		:	, and ending ((mm/dd/yy)	/y)				
Corp	oration/Org	anization name				Cali	fornia corp	oration	number		
CL	חודו	CARE LAW CENTER					1185	100	1		
		nation. See instructions.				FE		T 9 (,		
,							94-2	959	9973		
Stre	et address (s	suite or room)					PMB no.				
Ρ.	О. В	OX 9066									
City						State	ZIP code				
	ERKEL					CA	9470				
Fore	ign country	name Fo	oreign province/state/	/county			Foreign p	ostal c	ode		
	First retu	rn	Yes X No	I Did the ord	anization hav	any chan	nac to ite	anida	linge		
В	Amended		Yes X No							Yes X	No
C		on 4947(a)(1) trust	Yes X No							100 [110
D		rmation return?			political activ					Yes X	No
	•	Dissolved Surrendered (Withdrawn) Merge	ed/Reorganized	K Is the orga	nization exem	npt under R	&TC Sect	ion 23	3701g? ● 🔙 `	Yes X	No
		(mm/dd/yyyy)			ter the gross	-					_
		counting method: (1) Cash (2) X Accrual (L Is the orga					•∟_`	Yes X	No
F		eturn filed? (1) ● 990T (2) ● 990PF (3) ● Other 990 series	Sch H (990)	M Did the org					•,	Voc 🕱	No
G		group filing? See instructions	Tyes X No	N Is the orga	nization unde	r audit hy tl	ne IRS or	has th		162 [21]	NU
Н		ganization in a group exemption	Yes X No		d in a prior ye					Yes X	No
		what is the parent's name?		0 Is federal F						Yes X	No
				Date filed v	vith IRS						
_	art I C	Complete Part I unless not required to file this form.	San Canaral Info	rmetion D and	1.0						
	arti	1 Gross sales or receipts from other sources. Fr					•	1	5	0,308	مم ا
		2 Gross dues and assessments from members a						2		0,000	00
		3 Gross contributions, gifts, grants, and similar	amounts received			STMT	1 •	3		6,270	
	ooointo	4 Total gross receipts for filing requirement test.									
П	leceipts and	This line must be completed. If the result is le	ess than \$50,000,	see Genera <u>l In</u>	formation B			4	2,52	6,578	00
R	evenues	5 Cost of goods sold			5		00				
		6 Cost or other basis, and sales expenses of ass			6		00	7			100
		 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 	 1					7 8	2 52	6,578	00
_		9 Total expenses and disbursements. From Side					_	9		$\frac{5,576}{5,512}$	
E	xpenses	10 Excess of receipts over expenses and disburse						10		1,066	
		11 Total payments					•	11			00
								12			00
		13 Payments balance. If line 11 is more than line						13			00
P	ayments	14 Use tax balance. If line 12 is more than line 1115 Penalties and interest. See General Information						14			00
		15 Penalties and interest. See General Information16 Balance due. Add line 12 and line 15. Then su		m the recult				15 16			00
		Under penalties of perjury, I declare that I have examined this it is true, correct, and complete. Declaration of preparer (other	s return, including acc	companying sche	dules and state	ments, and to	the best o	my kr	lowledge and belief,		100
Sig Her			, man ianpayon, 10 ba	I Title		Date	.,	·90.	■ Telephone		
	Ü	Signature of officer		EXECUT:		RE					
		Prenarer's		Date		Check			• PTIN	0.0	
		Preparer's signature				self-en	nployed	•	P020370 ● Firm's FEIN	08	
Pai	d parer's	Firm's name (or yours, HARRINGTON GROUP,	CPAS T	T.P					95-4557	617	
	only	if self- employed) 2698 MATARO STREE'							● Telephone		
550	· •,	and address PASADENA, CA 9110							(626) 4	03-68	01
		May the FTB discuss this return with the preparer sh		instructions			• X	Yes	No No		

CHILD CARE LAW CENTER

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951	12-26-2	2

		1	Gross sales or receipts from all b	usiness activities. See instruc	tions	•	1		11,408	3 00
		2	Interest			•	2		28,868	3 00
		3	Dividends			•	3			00
Rece	eipts	4	Gross rents				4			00
from	.	5	Gross royalties				5			00
Othe	r	6	Gross amount received from sale	of assets (See instructions)		•	6			00
Sour	ces	7	Other income		SEE STA	TEMENT 2 •	7		10,032	
		8	Total gross sales or receipts from	other sources. Add line 1 th	rough line 7. Enter here and	on Side 1, Part I, line 1	8		50,308	8 00
		9	Contributions, gifts, grants, and s		=		9			00
		10	Disbursements to or for members	3		•	10			00
		11	Disbursements to or for members Compensation of officers, directo	rs. and trustees	SEE STA	ATEMENT 3 •	11		162,124	
		12				•	12		827,523	3 00
Expe	nses	13	Interest				13			00
and		14					14		75,009	9 00
	urse-	15					15		33,915	
men		16	Depreciation and depletion (See i	nstructions)		•	16			00
	.	17	Depreciation and depletion (See in Other expenses and disbursement	ts	SEE STA	TEMENT 4	17		876,941	1 00
			Total expenses and disbursemen	ts Add line 9 through line 17	Enter here and on Side 1 F	Part I line Q	18	1	L,975,512	2 00
Sch	nedul			Beginning of				able ye		-100
Asse				(a)	(b)	(c)	1		(d)	
	Oaab		-	(4)	1,673,334			•	1,640,3	329
			s receivable		1,075,55			•	1,010,0	
			ceivable					<u> </u>		
								-		
			state government obligations					-		
			in other bonds					-		
								-		
			in stock					<u>•</u>		
	Mortga Othor ir	-						<u>•</u>		
10	Olliel II • Donr	noish	ments	15,457		15,4	57	•		
10	a Depi	COOL	ole assets Imulated depreciation	15,457		15,45				
				13,437		13,43				
10 /	Lallu Othar a		STMT 5		37,464			•	623,0	777
10	Ollier a	sseis	SIMI S		1,710,798				2,263,4	106
			3		1,710,790	,			2,203,	± 0 0
			et worth		55,424				56,9	066
			lyable		33,424	•		•	50,5	900
			s, gifts, or grants payable					•		
			notes payable					<u>•</u>		
			payable					•		
	Other li									
			c or principal fund					<u>•</u>		
			ital surplus. Attach reconciliation		1,655,374			•	2,206,4	<u> </u>
			nings or income fund		1,710,798			•	2,263,4	<u> 440</u>
			ties and net worth						4,403,4	± U O
Scr	neau	ie iv	1-1 Reconciliation of income p			oo than PEO OOO				
			<u> </u>	ule if the amount on Schedule						
			per books	• 551,	7 Income recorde					
			me tax			his return. Attach schedul	е	•		
			ipital losses over capital gains			is return not charged				
			recorded on books this year.		against book inc					
			dule					<u>•</u>		
			corded on books this year not		9 Total. Add line 7					
			this return. Attach schedule		10 Net income per				F F 4	0.55
6	Total. A	Add Iir	ne 1 through line 5	551,	066 Subtract line 9 f	rom line 6		Ш	551,0	<u> 166</u>

CA 199	Cash Contributions Included on Part I, Line 3	St	atement 1
Contributor's Name	Contributor's Address	Date of Gift	Amount
Blue Shield of California Foundation	315 Montgomery Street, Suite 1200 San Francisco, CA 94104	12/31/23	200,000.
East Bay Community Foundation	200 Frank H. Ogawa Plaza Oakland, CA 94612	12/31/23	12,650.
Florence Danneberg	835 McFarlane Ave. Sebastopol, CA 95472	12/31/23	11,129.
Heising-Simons Foundation	400 Main Street, Suite 200 Los Altos, CA 94022	12/31/23	300,000.
Lorber Family Foundation	429 Summer St. Westwood, MA 02090	12/31/23	50,000.
New Ventures Fund	1828 L Street NW Suite 300-A Washington, DC 20036	12/31/23	21,600.
Paula Mathis	1208 Saint Charles Street Alameda, CA 94501	12/31/23	25,000.
Price Philanthropies	7777 Fay Avenue, Suite 300 La Jolla, CA 92037	12/31/23	10,000.
SEIU California State Council	1007 7th Street 4th Floor Sacramento, CA 95814	12/31/23	5,000.
State Bar Of California	180 Howard St. San Francisco, CA 94105	12/31/23	1,104,020.
Swift River Fund	21 Orinda Way Suite C393 Orinda, CA 94563	12/31/23	60,000.
Van Loben Sels	131 Steuart St. Suite 301 San Francisco, CA 94105	12/31/23	20,000.
Witkin	P.O. Box 7190 Berkeley, CA 94707	12/31/23	10,000.
Total included on line 3			1,829,399.

CA 199 Othe	er Income	Statement	2
Description		Amount	
Other income Training	·	4,03	
Total to Form 199, Part II, line 7	·	10,0	32.
CA 199 Compensation of Officers,	Directors and Trustees	Statement	3
Name and Address	Title and Average Hrs Worked/Wk	Compensat	ion
Kim Kruckel P.O. Box 9066 Berkeley, CA 94709	Executive Director 40.00	162,12	24.
Rachel Boyce P.O. Box 9066 Berkeley, CA 94709	Chair/Board Member (Trs. 1.00	3	0.
Natasha Saggar Sheth P.O. Box 9066 Berkeley, CA 94709	Secretary/Chair (Trs. 3/2 1.00	3	0.
Lisa Holder P.O. Box 9066 Berkeley, CA 94709	Vice Chair/Board Member (т	0.
Ernest Hammond III P.O. Box 9066 Berkeley, CA 94709	Board Member/Vice Chair (т	0.
Samuel Levine P.O. Box 9066 Berkeley, CA 94709	Treasurer/Board Member (T	r	0.
Frank Pare P.O. Box 9066 Berkeley, CA 94709	Board Member/Treasurer (T	r	0.
Sarah Efthymiou P.O. Box 9066 Berkeley, CA 94709	Board Member/Secretary (T	r	0.

Child Care Law Center						94-2959	973
Mary Gutierrez-Hunter P.O. Box 9066 Berkeley, CA 94709		Board	Member				0.
Paula Mathis P.O. Box 9066 Berkeley, CA 94709		Board	Member				0.
Sabrina Siddiqui P.O. Box 9066 Berkeley, CA 94709		Board	Member 1.00	(Start	3/23)		0.
Moony Tong P.O. Box 9066 Berkeley, CA 94709		Board	Member 1.00				0.
Total to Form 199, Part II, line 1	11					162,1	24.
CA 199 C	ther	Expens	ses			Statement	4
Description						Amount	
Miscellaneous Dues & subscriptions Direct expenses of fundraising ever Pension plan contributions Other employee benefits Legal fees Accounting fees Other professional fees	ents					38,3 6,4 11,4 15,9	88. 08.
Office expenses Information technology Travel Conferences and conventions Insurance Total to Form 199, Part II, line 1	L 7					1,3 19,0 665,0 19,7 3,5 20,9 8,7 6,0	70. 40. 80. 75. 95. 13.
Office expenses Information technology Travel Conferences and conventions Insurance		Asset	CS			1,3 19,0 665,0 19,7 3,5 20,9 8,7 6,0	70. 40. 80. 75. 95. 13.
Office expenses Information technology Travel Conferences and conventions Insurance Total to Form 199, Part II, line 1		Asset		Beg. of	Year	1,3 19,0 665,0 19,7 3,5 20,9 8,7 6,0	70. 40. 80. 75. 95. 13. 74. 41.
Office expenses Information technology Travel Conferences and conventions Insurance Total to Form 199, Part II, line 1	Other	Asset		22	Year ,539. ,925.	1,3 19,0 665,0 19,7 3,5 20,9 8,7 6,0 876,9	70. 40. 80. 75. 95. 13. 74. 41.

CA 199 Fund	Balances	Statement 6
Description	Beg. of Year	End of Year
Net assets without donor restrictions Net assets with donor restrictions	1,023,818. 631,556.	1,406,698. 799,742.
Total to Form 199, Schedule L, line 21	1,655,374.	2,206,440.

Date Accepted		

TAXABLE YEAR **2023**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organizations			0100 20
			Identifying number
I AM CENTED			94-2959973
			94-2959975
	4 5 400) !' = 5\	1 2,526,578
			4 000 040
rm 109, line 24)			5
<u> </u>			
`			
	7b V	Vithdrawal date (mm/c	Id/yyyy)
<u> </u>			<u> </u>
First Payment Second Payme	ent	Third Payment	Fourth Payment
	1 1 1 1 1	0)	
ormation (Have you verified the exempt organization's	s banking informa	ation?)	
100	12 Type of	account: L Check	king Savings
ees with the authorization stated on my return. If I check Part II	I, box 7, I authorize		
iable for the tax liability and all applicable interest and penalties d to the FTB by the ERO, transmitter, or intermediate service provider FTB to disclose to the ERO or intermediate service provider	s. I authorize the ex- rovider. If the prod the reason(s) for	kempt organization return sessing of the exempt or the delay or the date wh	and accompanying schedules and ganization's return or refund is en the refund was sent.
	Title		
	-		
service provider, I understand that I am not responsible for rev ta on the return.) I have obtained the organization officer's sigr I officer with a copy of all forms and information that I will file v r Authorized e-file Providers. I will keep form FTB 8453-EO on return is filed, whichever is later, and I will make a copy availab ined the above exempt organization's return and accompanyir	viewing the exempt nature on form FTE with the FTB, and I file for four years ole to the FTB upon ng schedules and s	t organization's return. I on 38453-EO before transm have followed all other referon the due date of the 19 request. If I am also the	declare, however, that form FTB 8453-EO itting this return to the FTB. I have equirements described in FTB Pub. return or four years from the date paid preparer, under penalties of perjury,
	Date	also paid if s	eck ERO's PTIN Ployed P02037008
ours HARRINGTON GROUP, CPAS	TID		
	, шшР		
2698 MATARO STREET	, LLP		Firm's FEIN 95-4557617
	rn and accompany	ing schedules and staten I have knowledge.	Firm's FEIN 95-4557617 ZIP code 91107
2698 MATARO STREET PASADENA, CA y, I declare that I have examined the above organization's return	rn and accompany	I have knowledge. Check if self-	Firm's FEIN 95-4557617 ZIP code 91107
2698 MATARO STREET PASADENA, CA y, I declare that I have examined the above organization's return correct, and complete. I make this declaration based on all info	rn and accompany ormation of which l	l have knowledge.	Firm's FEIN 95-4557617 ZIP code 91107 nents, and to the best of my knowledge Paid preparer's PTIN
2698 MATARO STREET PASADENA, CA y, I declare that I have examined the above organization's return	rn and accompany ormation of which l	I have knowledge. Check if self-	Firm's FEIN 95-4557617 ZIP code 91107 nents, and to the best of my knowledge
Fig m at 0 or 15 u.E. In refer to a not refer to a	ILAW CENTER Return Information (whole dollars only) ipts or unrelated business taxable income (Form 199, line me or total tax (Form 199, line 8 or Form 109, line 14) and disbursements (Form 199, line 9) 109, line 23) 109, line 24) 119 120 130 151 of refund (Form 109 only.) 152 153 153 154 155 155 155 155 155 155 155 155 155	ILAW CENTER Return Information (whole dollars only) ipts or unrelated business taxable income (Form 199, line 4 or Form 109, line or total tax (Form 199, line 8 or Form 109, line 14) and disbursements (Form 199, line 9) 09, line 23) orm 109, line 24) r Account Electronically for Taxable Year 2023 orm 109, line 24) punds withdrawal 7a Amount 7b V Estimated Tax Payments for Taxable Year 2024 (These are NOT installment pay First Payment Second Payment First Payment Second Payment Second Payment 12 Type of n of Officer rganization's account to be settled as designated in Part II. If I check Part II, box 7, I authorize ent amounts listed on Part III, line 8 from the bank account specified in Part IV. y, I declare that I am an officer of the above exempt organization and that the infeate service provider and the amounts in Part I above agree with the amounts on trn. To the best of my knowledge and belief, the exempt organization return is trn nderstand that if the Franchise Tax Board (FTB) does not receive full and timely p liable for the tax liability and all applicable interest and penalties. I authorize the exidence to the FTB by the ERO, transmitter, or intermediate service provider. If the provider FTB to disclose to the ERO or intermediate service provider the reason(s) for part of officer In officer with a copy of all forms and information that I will flie with the FTB, and I or Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years return is filed, whichever is later, and I will make a copy available to the FTB upor mined the above exempt organization's return and companying schedules and sete. I make this declaration based on all information of which I have knowledge.	LAW CENTER Return Information (whole dollars only) ipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) ime or total tax (Form 199, line 8 or Form 109, line 14) and disbursements (Form 199, line 9) 09, line 23) orm 109, line 24) r Account Electronically for Taxable Year 2023 seit of refund (Form 109 only.) unds withdrawal 7a Amount 7b Withdrawal date (mm/c Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current am First Payment Second Payment Third Payment formation (Have you verified the exempt organization's banking information?) 12 Type of account: Check of Officer rganization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account its test on Part III, line 8 from the bank account specified in Part IV. ry, I declare that I am an officer of the above exempt organization and that the information I provided to my ate service provider and the amounts in Part I above agree with the amounts on the corresponding lines or m. To the best aliability and all applicable interest and penalties. Lauthorize the exempt organization return is true, correct, and complete of the 18 to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization return is true, correct, and complete of the above exempt organization return is provider. If the processing of the exempt organization return is the correct, and complete of the solution of the first provider in the delay or the date when the solution of the providers. I will keep form FTB 8453-EO are complete and service provider, I understand that I am not responsible for reviewing the exempt organization's return. I can officer be solved to the FTB by the ERO, transmitter, or intermediate service provider the reason(s) for the delay or the date when the solve exempt organization forms and information that I will life with the FTB, and I have followed all other ror Authorized e-file Providers. I will keep

STATE OF CALIFORNIA RRF-1

(Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICEPAGE 1 of 5 (For Registry Use Only)

CHILD CARE LAW CENTER Name of Organization List all DBAs and names the organization uses or has used	An	nange of address nended report ganization requests email no	otifications		
P.O. BOX 9066	State Ch	arity Registration Number	058834		
Address (Number and Street)		, ,			
BERKELEY, CA 94709 Gity or Town, State, and ZIP Code	Corporat	tion or Organization No. 11	85190		
(415) 558-8005 INFO@CHILDCARELAW.ORG E-mail Address	Federal E	Employer ID No. $94-29$	59973		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 C Make Check Payable to Departr			d 310)		
Total Revenue Fee Total Revenue	Fee	Total Revenue		Fee	<u>∍</u>
Less than \$50,000 \$25 Between \$250,001 and \$1 million	\$100	Between \$20,000,001 ar		\$80	
Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 millior Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 millior	*	Between \$100,000,001 a Greater than \$500 million	•	,	000 200
PART A - ACTIVITIES	*			+ -,	
For your most recent full accounting period (beginning $01/01/20$	23 en	ding 12/31/2023) list:		
Total Revenue			_		۰.
(including noncash contributions) \$ 2,515,170 Noncash Contributions \$ Program Expenses \$ 1,492,682	-	Total Assets \$	2,263	3,4	06
Program Expenses \$	lotal Exp	penses \$1,90	4,104		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS R	EPORT			
Note: All questions must be answered. If you answer "yes" to any of the ques					
providing an explanation and details for each "yes" response. Please r	eview RRF	-1 instructions for informa	ation required.	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other f					
and any officer, director or trustee thereof, either directly or with an entity in w any financial interest?	which any s	uch officer, director or trust	ee nad		х
During this reporting period, was there any theft, embezzlement, diversion or or funds?	misuse of t	he organization's charitable	property		Х
3. During this reporting period, were any organization funds used to pay any per	nalty, fine o	r judgment?			Х
4. During this reporting period, were the services of a commercial fundraiser, fun commercial coventurer used?	ndraising co	ounsel for charitable purpos	es, or		Х
5. During this reporting period, did the organization receive any governmental fu	ınding?	SEE STATE	MENT 7	х	
6. During this reporting period, did the organization hold a raffle for charitable pu	urposes?				х
7. Does the organization conduct a vehicle donation program?					х
Did the organization conduct an independent audit and prepare audited finan generally accepted accounting principles for this reporting period?	ncial statem	ents in accordance with		х	
9. At the end of this reporting period, did the organization hold restricted net ass	sets, while	reporting negative unrestric	ted net assets?		х
I declare under penalty of perjury that I have examined this report, including a and belief, the content is true, correct and complete, and I am authorized to si		ring documents, and to the	e best of my know	wledo	је
MATCUA COLE	1	-VECTIMITO DIDE	СШОБ		
MAISHA COLE Signature of Authorized Agent Printed Name		EXECUTIVE DIRE	Date		
L					

Information Regarding Governmental Funding CA RRF-1 Part B, Line 5

Statement

7

First 5 LA 750 North Alameda Street, Suite 300 Los Angeles, CA 90012 Contact: Cynthia Freeman, Senior Program Director, Community Partners (213) 346-3200

Legal Services Trust Fund State Bar of California 180 Howard Street San Francisco, CA 94105 Contact: Danielle MacRae danielle.macrae@calbar.ca.gov

California Department of Social Services 744 P. Street Sacramento, CA 95814 Contact: Rahsaan Anderson Rahsaan.anderson@dss.ca.gov

State Bar Of California 180 Howard St. San Francisco, CA 94105