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 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

AF	or the	2023 calendar year, or tax year beginning	and	enaing								
B c	heck if	C Name of organization			D Employe	r identifica	ation number					
	Addres	PUBLIC LAW CENTER										
	Name change	Doing business as			95-3	3						
	Initial return Final return/	Number and street (or P.O. box if mail is not del 601 CIVIC CENTER DRIVE		Room/suite	E Telephone number 714-541-1010							
	termin ated				G Gross receip		7,683,841.					
	Ameno		· · · · · · · · · · · · · · · · · · ·									
	Applic		ICA GLICKEN		7	ordinates?						
	pendir	SAME AS C ABOVE			1		uded? Yes No					
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1		st. See instructions					
	Vebsit			<u> </u>	H(c) Group							
			sociation Other	L Year			State of legal domicile: CA					
		Summary					<u> </u>					
ě		Briefly describe the organization's mission or most		IDING	FREE LE	GAL S	ERVICES TO					
Activities & Governance		LOW INCOME ORANGE COUNTY F		050/ /:								
ern	-	Check this box if the organization discor		1 _ 1								
Š	ı	Number of voting members of the governing body (, , , , , , , , , , , , , , , , , , , ,				45 45					
ø		Number of independent voting members of the gov			81							
ies		Total number of individuals employed in calendar y				·····	654					
Ę		Total number of volunteers (estimate if necessary)					0.					
Ac		Total unrelated business revenue from Part VIII, col					0.					
	D	Net unrelated business taxable income from Form 9	990-1, Part I, line 11	·····	Prior Yea		Current Year					
		Contributions and grants (Part VIII line 1h)			6,709,		7,006,142.					
ne	8				0,100,	0.	0.					
Revenue	9				1 0	612.	122,640.					
Re	10	Investment income (Part VIII, column (A), lines 3, 4,				208.	405,273.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			6,774,		7,534,055.					
		Total revenue - add lines 8 through 11 (must equal			0,114,	0.	0.					
	l	Grants and similar amounts paid (Part IX, column (A				0.	0.					
	45	Benefits paid to or for members (Part IX, column (A Salaries, other compensation, employee benefits (F		4,572,452. 5,871,1								
Expenses	160	Professional fundraising fees (Part IX, column (A), li			4,372,	0.	0.					
en	h	Total fundraising expenses (Part IX, column (D), line	262 4	33.			•					
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d,	•		1 100 100 1 101 0							
	l ''	Total expenses. Add lines 13-17 (must equal Part I)										
	ı	Revenue less expenses. Subtract line 18 from line			1,068,		240,911.					
-Se	15	rieveride less expenses. Gabitaet line 16 from line	<u> </u>		ginning of Curr		End of Year					
ets (20	Total assets (Part X, line 16)			5,161,		6,377,072.					
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)				261.	1,714,615.					
Net	22	Net assets or fund balances. Subtract line 21 from	ine 20		4,374,		4,662,457.					
Pa	rt II	Signature Block										
Unde	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents, and to the	best of my k	nowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowle	edge.						
Sigr	า	Signature of officer			Date	!						
Her		MONICA GLICKEN, EXECUTIVE	DIRECTOR									
		Type or print name and title										
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN					
Paid		TRITIA FOSTER			if self-employed	P02164134						
Prep	arer	Firm's name DAVIS FARR LLP			Firm	's EIN 47	-3535842					
Use	Only	Firm's address 18201 VON KARMAN A IRVINE, CA 92612	AVE, SUITE 1100		Dho	no no Q / Q	-474-2020					
Max	the I	RS discuss this return with the preparer shown above	re? See instructions		11101	10 110. J T J	X Yes No					
		Paperwork Reduction Act Notice, see the separa		2-21-23			Form 990 (2023)					
"							(_ 0_0)					

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE PUBLIC LAW CENTER, ORANGE COUNTY'S PRO BONO LAW FIRM, IS COMMITTED	
	TO PROVIDING ACCESS TO JUSTICE FOR LOW INCOME RESIDENTS. THROUGH	
	VOLUNTEERS AND STAFF, THE PUBLIC LAW CENTER PROVIDES FREE CIVIL LEGAL	
	SERVICES, INCLUDING COUNSELING, INDIVIDUAL REPRESENTATION, COMMUNITY	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X	
		No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 5 , 764 , 531 • including grants of \$) (Revenue \$))
	THE ORGANIZATION PROVIDED \$15.8 MILLION WORTH OF FREE LEGAL SERVICES TO	
	LOW-INCOME AND VULNERABLE RESIDENTS, AS WELL AS ASSISTANCE TO NONPROFIT	i
	ORGANIZATIONS, IN ORANGE COUNTY, CA. NEARLY 21,000 VOLUNTEER HOURS WERE	ı
	DONATED THROUGH THE ORGANIZATION TO THE COMMUNITY IN THE LEGAL PRACTICE	
	AREAS OF CONSUMER, FAMILY, HEALTH, HOUSING, IMMIGRATION, VETERANS'	
	BENEFITS, SMALL BUSINESS AND NONPROFIT ASSISTANCE, AND FEDERAL TAX.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	— ⁾
4c	(Code:) (Expenses \$	
	/ (Expenses #	— ′
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 5 , 764 , 531 •	

Form 990 (2023) PUBLIC LAW CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,	,		x
_	Schedule D, Part III	8		
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?	_		_v
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.0		<u></u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		<u></u>
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		16		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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	· · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	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		X
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			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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?			
	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(2022)
			uuli	$(\Omega \cap \Omega \cap \Omega)$

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Part V	Statements Regarding Other IRS Filings and Tax Compliance	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
Ü		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ü		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand Did the exemplation receive any payments for indeed template and desired the tay year?	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "Ne " provide an explanation on School to Payments."	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	ال		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	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			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 45 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 45 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JEFF BOLTON - 714-541-1010

Form **990** (2023)

ANA

601 CIVIC CENTER DR WEST, SANTA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	l	mzu		<u> </u>	ipoi	out	(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	99			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	Institutional trustee		99/	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona	_	Key employee	st cor	La G	1000 1120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highe empl	Former			
(1) MONICA GLICKEN	1.00									
EXECUTIVE DIRECTOR & GENER				Х				182,464.	0.	37,049.
(2) JEFF BOLTON	1.00]								
CHIEF FINANCIAL OFFICER				Х				115,591.	0.	18,274.
(3) TYLER SUTHERLAND	1.00	1							_	
CHIEF LEGAL PROGRAMS OFFICER						Х		121,040.	0.	7,969.
(4) NICOLE WHYTE	1.00	ļ								
PRESIDENT	1 00	Х		Х				0.	0.	0.
(5) DINA RANDAZZO	1.00	٠,,								
VICE-PRESIDENT	1 00	Х		Х				0.	0.	0.
(6) JOEL S. MILIBAND	1.00	٠,,		,,					_	
SECRETARY/TREASURER	1 00	Х		Х				0.	0.	0.
(7) CHRISTY LEA IMMEDIATE PAST PRESIDENT	1.00	х		х				0.	0.	_
(8) JOHN E. ALTSTADT	1.00	^		^				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) LAVAL BREWER	1.00	^						0.	0.	•
DIRECTOR	1.00	х						0.	0.	0.
(10) STEVE CARDOZA	1.00	25						•	•	•
DIRECTOR	1,00	x						0.	0.	0.
(11) JOSEPH L. CHAIREZ	1.00									
DIRECTOR		Х						0.	0.	0.
(12) AMY CHEN	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(13) MATTHEW E. COSTELLO	1.00									
DIRECTOR		Х						0.	0.	0.
(14) CESAR COVARRUBIAS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) TARA COWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DOUGLAS J. DIXON	1.00]								
DIRECTOR		Х						0.	0.	0.
(17) ERIC M. DOMINGUEZ	1.00	ļ							_	
DIRECTOR		Х		<u> </u>				0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form 990 (2023) PUBLIC I	YAM CENTE	<u>:R</u>							95-3709	253	Pa	age 8
Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Es ⁻	timate	∌d
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation		nount	of
	week (list any	_		10 2 0	l	174143		from	from related	l .	other	tion
	hours for	Individual trustee or director				Ļ		the organization	organizations (W-2/1099-MISC/		pensa om th	
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	l	anizat	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,		d relat	
	below	vidual	Institutional trustee	cer	Key employee	hest coloyee	ner			orga	ınizati	ons
	line)	Indi	lnst	Officer	Key	High	Former					
(18) SAMANTHA E. DOREY	1.00	l										•
DIRECTOR	1 00	Х		-				0.	0.			0.
(19) BRIAN B. FARRELL	1.00	-							0			0
(20) GIALISA GAFFANEY	1.00	Х						0.	0.			0.
DIRECTOR	1.00	X						0.	0.			0.
(21) NORMA GARCIA GUILLEN	1.00	^						0.	<u> </u>			<u> </u>
DIRECTOR	1100	х						0.	0.			0.
(22) JOSE GONZALEZ	1.00	 										
DIRECTOR		Х						0.	0.			0.
(23) CASEY JOHNSON	1.00											
DIRECTOR		Х						0.	0.			0.
(24) PHILLIP R. KAPLAN	1.00	_							_			
DIRECTOR		Х						0.	0.			0.
(25) MANDY H. KIM	1.00	l										•
DIRECTOR	1 00	Х						0.	0.			0.
(26) JENNIFER L. KOH DIRECTOR	1.00	x						0.	0.			0
		-	<u> </u>					419,095.	0.	6.3	3,2	<u>0.</u>
1b Subtotal c Total from continuation sheets to Part \								0.	0.	<u> </u>	<i>J</i> , <u>L</u> .	0.
d Total (add lines 1b and 1c)								419,095.	0.	63	3,2	
2 Total number of individuals (including but												
compensation from the organization						,		,	,			3
											Yes	No
3 Did the organization list any former office	er, director, trust	ee, ŀ	кеу е	empl	oye	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for	such individual									3		Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$1										4	Х	
5 Did any person listed on line 1a receive or	accrue comper	ısati	on f	rom	any	unre	elate	ed organization or individ	lual for services			v

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3_		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

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

	(A) Name and business address NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those	listed above) who received more than	

Form 990 PUBLIC I	MW CHIT								95-370	,
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, an	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	JO:				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****100)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itutior	ser	Key employee	nest c	Former			
	line)	Indi	Inst	Officer	Key	High	Forr			
(27) KARLA KRAFT	1.00									
DIRECTOR		Х						0.	0.	0 .
(28) DARYL S. LANDY	1.00									
DIRECTOR		Х						0.	0.	0 .
(29) JACQUELINE G. LUTHER	1.00									
DIRECTOR		Х						0.	0.	0 .
(30) SAMRAH MAHMOUD	1.00]								
DIRECTOR		Х						0.	0.	0.
(31) DANIELLE M. MAYER	1.00]								
DIRECTOR		Х						0.	0.	0.
(32) THOMAS A. MANAKIDES	1.00	1								
DIRECTOR		Х						0.	0.	0 .
(33) CHRISTOPHER H. MCGRATH	1.00	1								
DIRECTOR		Х						0.	0.	0 .
(34) KRISTIN N. MURPHY	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0 .
(35) ALEXANDER C. PAYNE	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0 .
(36) LISA D. RAMIREZ	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0 .
(37) CHARLA "SUE" RILEY	1.00	٠,,							0	0
DIRECTOR	1 00	Х		-				0.	0.	0 .
(38) DANIEL S. ROBINSON	1.00	.,							0	0
DIRECTOR (39) ANN T. ROSSUM	1 00	Х		-				0.	0.	0 .
	1.00	х						0.	0.	0
DIRECTOR (40) SEAN M. SHERLOCK	1 00	^		-				0.	0.	0 .
DIRECTOR	1.00	х						0.	0.	0 .
(41) CHAHIRA SOLH	1.00	^						0.	0.	0 .
DIRECTOR	1.00	Х						0.	0.	0 .
(42) AJIT SINGH THIND	1.00	^		\dashv				0.	0.	0 .
DIRECTOR	1.00	Х						0.	0.	0 .
(43) NICOLE VANDERLAAN SMITH	1.00		\vdash	\vdash					.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0 .
(44) TONY WANG	1.00	 	\vdash	\dashv					J •	
DIRECTOR		x						0.	0.	0 .
(45) DARRELL P. WHITE	1.00	† 							3.	
DIRECTOR		x						0.	0.	0 .
(46) SUZANNA WINSLOW HAZBOUN	1.00	 	\vdash	\vdash				·	•	3
	,	1		i		ı		0.	0.	0 .

Form 990 PUBLIC LA	AW CENTE	:R							95-370	9253
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per	Ì				Ė	<u> </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				l di		organization	(W-2/1099-MISC)	from the
	hours for	ordir	يو			ated 6		(W-2/1099-MISC)		organization
	related	stee	truste		ao	ben s				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below line)	divid	stitut	Officer	sy em	ghest	Former			
	· ·	드	드	5	¥	王	. P.			
(47) KRISTOPHER R. WOOD	1.00	l								
DIRECTOR	1 00	Х			_			0.	0.	0.
(48) CHRISTINA M. ZABAT-FRAN	1.00	ŀ								
DIRECTOR		Х						0.	0.	0.
					<u> </u>					
			L		$oxed{oxed}$	L				
		ł								
					_					
		ŀ								
		ŀ								
					<u> </u>					
		L	L	L	L	L	L			
	•				•					
Total to Part VII, Section A, line 1c			<u> </u>	<u> </u>	<u> </u>	<u> </u>				

Form 990 (2023) PUBLIC
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1:	Federated campaigns 1a					
ant		Membership dues 1b					
ij g			611,062.				
fts, Ar			311,002.				
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations 1d	383,016.				
ns, Sim		* ' '	303,010.				
utio er (1	All other contributions, gifts, grants, and	010 064				
5 된			012,064.				
ont od (Noncash contributions included in lines 1a-1f		7 006 140			
<u>0 g</u>	·	Total. Add lines 1a-1f		7,006,142.			
		-	Business Code				
e	2 8	ı					
e Ķ	ŀ						
S	(·					
am		i					
Program Service Revenue	•						
Ā	1	All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		122,640.			122,640.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		A Not rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	(, 55.				
		Less: cost or other basis					
ø	•						
her Revenue	_	and sales expenses					
eve	•	Gain or (loss) 7c					
Ę.		Net gain or (loss)					
	8 8	Gross income from fundraising events (not					
δ		including \$ 611,062. of					
		contributions reported on line 1c). See	155 005				
			<u> 157,907.</u>				
			149,786.	0 101			0 101
		Net income or (loss) from fundraising events		8,121.			8,121.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	•	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
	(Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS	624100	397,152.	397,152.		
ne Due	ŀ						
ella	(
SS B		All other revenue					
Σ		• Total. Add lines 11a-11d		397,152.			
	12	Total revenue. See instructions		7,534,055.	397,152.	0.	130,761.

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 response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 353,377. 123,682. 123,682. 106,013. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 582,529. 4,548,525. 3,862,199. 103,797. Other salaries and wages 7 Pension plan accruals and contributions (include 83,292. 72,130. 10,042. 1,120. section 401(k) and 403(b) employer contributions) <u>63,</u>569. 445,430. 8,438. 517,437. Other employee benefits 9 368,536. 301,616. 52,228. 14,692. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 324,074. 201,836. 86,000. 611,910. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 158,498. 129,717. 22,463. 6,318. Office expenses 13 Information technology 14 15 Royalties 162,750. 28,190. 198,871. 7,931. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,957. 37,936. 33,979. Conferences, conventions, and meetings 19 2,544. 716. 17,952. 14,692. 20 Payments to affiliates 21 6,218. 155,979. 127,656. 22,105. Depreciation, depletion, and amortization 22 42,346. 34,657. 6,001. 1,688. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 71,972. 71,972. LIBRARY 40,823. OTHER 3,000. 37,823. DUES & SUBSCRIPTIONS 31,874. 26,163. 3,211. 2,500. 30,814. 30,814. LITIGATION 23,002. 23,002. e All other expenses 7,293,144. 5,764,531. 1,160,180 368,433. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2023)
Part X | Balance Sheet

	Check if Schedule O contains a response or not	e to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			827,447.	1	994,389
2	Savings and temporary cash investments	3,224,743.	2	2,194,275		
3	Pledges and grants receivable, net			418,709.	3	652,008
	Accounts receivable, net				4	
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
	controlled entity or family member of any of thes	e perso	ns		5	
6	Loans and other receivables from other disqualif	fied pers	ons (as defined			
	under section 4958(f)(1)), and persons described	l in secti	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Durantial company and defermed also are			65,737.	9	69,005
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	2,469,031.			
b	Less: accumulated depreciation	10b	422,059.	604,549.	10c	2,046,972 370,219
11					11	370,219
12					12	
13	Investments - program-related. See Part IV, line	11				
14						
15	Other assets. See Part IV, line 11					50,204
16						6,377,072
17				308,375.		440,654
				202 120		
19				323,138.		
			ı			
	•				21	
22						
				142 000		122 072
			· · · · · · · · · · · · · · · · · · ·	143,994.		133,073
					24	
25		•				
		•	1	10 756	٥- ا	1,140,888
oe.			ı			1,714,615
20				700,201.	20	1,714,013
		CK HEIE	21			
27				2.993.704.	27	4,029,593
						632,864
20				2/302/2201		002,002
		oo, che	ok nere			
29					29	
				4,374.924.		4,662,457
			ı			6,377,072
	7 8 9 10a b 11 12 13 14 15 16 17	Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equality accounts payable and accrued expenses Grants payable Deferred revenue Escrow or custodial account liability. Complete It Loans and other payables to any current or form trustee, key employee, creator or founder, subst controlled entity or family member of any of these Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, paparties, and other liabilities not included on lines of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 96 and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in Total net assets or fund balances	Loans and other receivables from other disqualified persunder section 4958(f)(1)), and persons described in section 1958(f)(1)), and persons described in 1958(f)(1), and p	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,469,031. b Less: accumulated depreciation 10b 422,059. 11 Investments · publicly traded securities 12 Investments · program-related. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total Inabilities and fundalances	6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 65,737. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 422,059. 604,549. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 25 Other liabilities including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 2 Apgalations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 28 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 4 4,374,924.	6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(B) 6 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 7 9 Prepaid expenses and deferred charges 65,737. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 422,059. 604,549. 10c Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 15 Other assets. See Part IV, line 11 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 5, 161, 185. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 5, 161, 185. 16 17 Accounts payable and accrued expenses 308, 375. 17 18 18 Grants payable 32 12 Escrow or custodial account liability. Complete Part IV of Schedule D 20 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 143, 992. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total liabilities. Add lines 17 through 25 786, 261. 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with out onor restrictions 2, 29, 993, 704. 27 13, 381, 220. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 31 Retained earnings, endowment, accumulated income, or other funds 44, 374, 924. 32 15 Total net assets or fund balances 20 through 33. 20 Total net assets or fund balances 20 through 34 20 Total net assets or fund balances 20 through 35 Total net ass

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>7,53</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>7,29</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,37		
5	Net unrealized gains (losses) on investments	5	4	6,6	22.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,66	2,4	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Sche	:dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

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.

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

Inspection Employer identification number

OMB No. 1545-0047

Name of the organization PUBLIC LAW CENTER

			IC LAW CEN'					9	5-3709253
Par	tΙ	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
he c	rgani	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1 [A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii	i). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit	describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from the (general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a lar	nd-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the	e college	or
		university:							
10		An organization that norma							
		activities related to its exem	•	· ·					-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organ	ization a	after June 30, 1975.
1		See section 509(a)(2). (Cor	-						
11 40	=	An organization organized a	•	•	•				
12		An organization organized a	· ·	· ·	-		•		
		more publicly supported org							neck the box on
_		lines 12a through 12d that	* *					-	air in a
а		Type I. A supporting orga	•		•	-			
		the supported organization organization. You must o			ппајопцу с	n the direc	tors or trustees	or trie st	эррогинд
b		Type II. A supporting org	-		ion with it	e eunnorte	d organization(s) by bay	vina
b		control or management o	•					•	•
		organization(s). You mus			arric perso	ilo tilat coi	itror or manage	tile supp	oorted
С		Type III functionally inte			in connect	tion with a	and functionally i	ntegrate	ed with
Ū		its supported organization	=				•	riograto	, a willi,
d		Type III non-functionally		•	•	•	•	d organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, 7	Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							<u>-</u>
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of mo	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instr	uctions)	support (see instructions)

332021 12-21-23

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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.")	4333825.	5154197.	5801285.	6709674.	7006142.	29005123.
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	4333825.	5154197.	5801285.	6709674.	7006142.	29005123.
5	The portion of total contributions		0_0	00022001	0.000.20		
Ŭ	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)						
_	**						29005123.
	Public support. Subtract line 5 from line 4.						<u> 29003123.</u>
		(-) 0010	(I-) 0000	/-\ 0001	(-1) 0000	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2019 4333825.	(b) 2020 5154197.	(c) 2021 5801285.	(d) 2022 6709674.	(e) 2023 7006142	(f) Total 29005123.
	Amounts from line 4	4333023.	3134197.	J00120J•	0703074.	7000142.	29003123.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	00 012	0 066	1 0/5	10 610	122 640	172 676
	and income from similar sources	20,213.	8,966.	1,245.	19,612.	122,640.	172,676.
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	1 2 2 4 5 2	1.40 0.40	66 605	50.600	205 450	000 500
	assets (Explain in Part VI.)	130,169.	140,943.	66,695.	73,639.		808,598.
11	Total support. Add lines 7 through 10						29986397.
	Gross receipts from related activities,	•	,			12	497,961.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi					1	
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	96.73 %
	Public support percentage from 2022					15	97 . 12 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization		-				s
	-						(Form 990) 2023

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
_		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
- 55		
6		
7		
8		
9a		
01-		
9b		
90		
9c		
10a		
.54		
10b		
	n 990)	2023

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more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officindirectors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization. Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization officers, directors, or trustees either (i) appointed or elected by the supported organization's more or assets at all times during the tax year? If "yes," desc	Fai	Supporting Organizations (continued)			
 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? If "yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, efficers acting in their official capacity, or membership of one more supported organization have the power to regularly appoint or elect at least a majority of the organization is office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of fice directors, or trustees as all at times during the tax year? If "No," describe in Part VI how the supported organization of the powers to govern an advance of the programment of the organization and what conditions or established. If the organization had more than one supported organization, describe lone in powers of government of the powers to government and the programment of the powers to government of the programment of the powers of government of the programment of the powers of government of the supported organization and what conditions or established. 2 Did the organization and what conditions or established the supported organization of the supported organization. Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization is at year. (i) a copy of the Form 990 that was more recently field or the organization of the organization sold organization sold organizatio		_		Yes	No
11c below, the governing body of a supported organization? b. A family member of a person described on line 11a above? c. A 39% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization should be proved to regularly appoint or elect at least a majority of the organization of indirectors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of effectively operated, supervised, or controlled the organization as activities. If the organization after the regular and an expensive organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among it supported organization operates for the benefit of any supported organization other than the supported organization of the result of the powers of appoint and/or remove officers, directors, or trustees were allocated among it supported organization operated for the benefit of any supported organization of the "than the supported organization of the "than the supported organization of the supported organization of the "than the supported organization" is "the "than the supported organization" is "the supported organization of the "than the properties," is supported organization of the supported organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization organization's activated in the supported organization's ac	11	Has the organization accepted a gift or contribution from any of the following persons?			
 b A family member of a person described on line 11a above? c A 3596 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organizations official circlose, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations official circlose, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations (sefectively operated, supervised, or controlled the organization activities. If the organization draw that conditions or restrictions, If any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization operated of the purposes of the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s)? If "No," describe in Part VI how control or management of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported organizations. Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed or the date of notification, to the extent	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
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 b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 		how the organization was responsive to those supported organizations, and how the organization determined			
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
 these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 		one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
 these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 		Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
 Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			2b		
trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this record		, ,			
in res, describe in the role biaved by the ordanization in this redard.		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990) 2023 PUBLIC LAW CENTER			95-3709253 Page 6
Par	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on I	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Secti	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		

Schedule A (Form 990) 2023

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

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

4 5

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

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.

2023

OMB No. 1545-0047

PUBLIC LAW CENTER 95-3709253 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization Employer identification number

DORPIC	LAW	CENTER	

95-3709253

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAL OES 3650 SCHRIEVER AVENUE MATHER, CA 95655	\$146,628.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES 744 P STREET, MS 8-9-646 SACRAMENTO, CA 95814	\$\$\$	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
3	IMMIGRANT LEGAL RESOURCE CTR 1663 MISSION STREET SUITE 602 SAN FRANCISCO, CA 94103	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE STATE BAR OF CALIFORNIA 180 HOWARD STREET SAN FRANCISCO, CA 94105-1639	\$ 3,057,580.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

PUBLIC LAW CENTER

95-3709253

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

Page **4**

Name of organization **Employer identification number** PUBLIC LAW CENTER 95-3709253 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 (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 (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 (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 (b) Purpose of gift (d) Description of how gift is held (c) Use of gift 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

Section FO1/a) and Section FO7

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes No 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? Yes No 4b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes No
Part I-B Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Wes No Was a correction made? I Enter the amount of any excise tax incurred by organization managers under section 4955 If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year?
1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 5 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 5 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 5 Old the filing organization file Form 1120-POL for this year? Yes No
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2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 5 If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Yes No
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Yes No
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b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes No
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes No
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes No
exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes No
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes No
line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes No
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a
political action committee (PAC). If additional space is needed, provide information in Part IV.
(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political
filing organization's contributions received and
funds. If none, enter -0 promptly and directly
delivered to a separate political organization.
If none, enter -0

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

Schedule C (Form 990) 2023

	rt II-A Complete if the org	anization is exer	npt under section	501(c)(3) and file		ction under			
A (Check if the filing organiza	tion belongs to an affi e of excess lobbying o	liated group (and list in expenditures).	Part IV each affiliated	group member's name	e, address, EIN,			
B (Check if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.					
		ts on Lobbying Expe ditures" means amou	nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals			
	Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)						
	Total lobbying expenditures to influ	1,683.							
	Total lobbying expenditures (add li	-	• • • • •		1,683.				
	Other exempt purpose expenditure				7,293,144.				
	Total exempt purpose expenditure				7,294,827.				
	Lobbying nontaxable amount. Ente				514,741.				
•	If the amount on line 1e, column (a) o		bying nontaxable am		<u> </u>				
	not over \$500,000,		the amount on line 1e.	ount ioi					
	over \$500,000 but not over \$1,000		00 plus 15% of the exce	ess over \$500,000					
	over \$1,000,000 but not over \$1,50								
	over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000. over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000.								
	over \$17,000,000,								
	Grassroots nontaxable amount (en	\$1,000, ter 25% of line 1f)	000.		128,685.				
	Subtract line 1g from line 1a. If zero		0.						
	Subtract line 1f from line 1c. If zero		0.						
i			line 1i. did the organiza	ation file Form 4720	-				
,	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?								
	reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h)								
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
		Lobbying Expe	nditures During 4-Yea	r Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
2a	Lobbying nontaxable amount	388,249.	383,676.	435,397.	514,741.	1,722,063.			
	Lobbying ceiling amount (150% of line 2a, column(e))					2,583,095.			
с	Total lobbying expenditures	5,648.	3,079.	1,805.	1,683.	12,215.			
d	Grassroots nontaxable amount	97,062.	95,919.	108,849.	128,685.	430,515.			
e	Grassroots ceiling amount (150% of line 2d, column (e))					645,773.			
f	Grassroots lobbying expenditures								

Schedule C (Form 990) 2023

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)).

1 Du loo or a Vo b Pa c M d M e Pu f G g Di h Ra i Ott	bibying activity. uring the year, did the filing organization attempt to influence foreign, national, state, or cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: blunteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	No	Amo	ount
loo or a Vo b Pa c M d M e Po f Go g Di h Ra i Ot	cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: ollunteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
orra volument of the control of the	referendum, through the use of: olunteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
a Vo b Pa c M d M e Pu f Gi g Di h Ra i Ot	olunteers? sid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
b Pa c M d M e Pu f Gi g Di h Ra i Ot	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c M d M e Pu f Gi g Di h Ra i Of					
d M e Pu f Gi g Di h Ra i Ot	edia advertisements?				
e Pu f Gi g Di h Ra i Ot					
f Gi g Di h Ra i Ot	ailings to members, legislators, or the public?				
g Di h Ra i Ot	ıblications, or published or broadcast statements?				
h Ra i Ot	ants to other organizations for lobbying purposes?				
i Ot	rect contact with legislators, their staffs, government officials, or a legislative body?				
	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	her activities?				
	tal. Add lines 1c through 1i				
	d the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	'Yes," enter the amount of any tax incurred under section 4912				
	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?	501(a)(5)	or coc	tion	
Faiti	501(c)(6).	1 30 1 (0)(3)	, or sec	LIOII	
	(-)(-)			Yes	No
1 W	ere substantially all (90% or more) dues received nondeductible by members?		1		
	d the organization make only in-house lobbying expenditures of \$2,000 or less?				
	d the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."			A, IIIIC	J, 15
	ues, assessments and similar amounts from members		. 1		
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	aı			
	penses for which the section 527(f) tax was paid).		20		
	urrent year				
	arryover from last year				
	otal gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
-	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	es the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	penditures next year?		4		
	xable amount of lobbying and political expenditures. See instructions		5		
Part I			. , -		
Provide	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I	ist); Part II-A	lines 1 a	nd 2 (see	
instructi	ons); 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 Inspection

Name of the organization

PUBLIC LAW CENTER

Employer identification number 95-3709253

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		I I
	Number of conservation easements on a certified historic stru	***************************************	2c
d	Number of conservation easements included on line 2c acqu		
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

Pai	rt III Organizations Maintaining	Collections of Art, Hist	orical Treasu	ures, or	Other S	imilar <i>A</i>	Assets	(continu	ed)	
3	Using the organization's acquisition, access	ssion, and other records, checl	k any of the follo	wing that r	nake signi	ficant use	of its			
	collection items (check all that apply).									
а	Public exhibition	d 🔲	Loan or exchang	ge progran	n					
b	Scholarly research	е 🔲	Other							
С	Preservation for future generations									
4	Provide a description of the organization's	collections and explain how th	ney further the or	rganization	i's exempt	purpose	in Part X	JII.		
5										
	to be sold to raise funds rather than to be	maintained as part of the orga	nization's collect	tion?			🔲	Yes	☐ No	
Par	rt IV Escrow and Custodial Arra							e 9, or		
	reported an amount on Form 990, I		_							
1a	Is the organization an agent, trustee, custo	odian, or other intermediary for	contributions or	r other asse	ets not inc	luded				
	on Form 990, Part X? Yes No									
b	If "Yes," explain the arrangement in Part X									
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount or	Form 990, Part X, line 21, for	escrow or custoo	dial accour	nt liability?		🔲	Yes	No	
	If "Yes," explain the arrangement in Part X									
Pai	rt V Endowment Funds Complete	_ _	"Yes" on Form 9	90, Part IV	, line 10.					
		(a) Current year (b) i	Prior year (c) Two years	back (d)	Three yea	rs back	(e) Four y	ears back	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses	l l								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the c	urrent year end balance (line 1	g, column (a)) he	eld as:						
а	Board designated or quasi-endowment _	%								
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%.								
3a	Are there endowment funds not in the pos	session of the organization tha	at are held and a	dministere	d for the			_		
	organization by:							(es No	
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	izations listed as required on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of t		funds.							
Pai	rt VI Land, Buildings, and Equip									
	Complete if the organization answe	ered "Yes" on Form 990, Part I	V, line 11a. See F	Form 990, I	Part X, line	10.				
	Description of property	(a) Cost or other	(b) Cost or o	I .		ımulated	((d) Book	value	
		basis (investment)	basis (oth		depre	ciation	\longrightarrow			
	Land			640.	-	0 00			<u>,640.</u>	
	Buildings			310.		9,326			<u>,984.</u>	
	Leasehold improvements	• • • • • • • • • • • • • • • • • • •	1,376,			6,585			<u>,868.</u>	
d	Equipment			103.		3,353			<u>,750.</u>	
	Other		274,	525.	5	2,795			<u>,730.</u>	
Total	Add lines 1a through 1e (Column (d) mus	toqual Form 000 Part V line 1	Oo ookuma (PI)				1 2	2.046	.914.	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PUBLIC LAW C	ENTER	95-370	9253 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
I) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	/D\\		
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	arronni 000, raitiv, ilile) Book value
			, DOOR VAIGE
(1) Federal income taxes (2) DEPOSITS PAYABLE			1,611
		1	,139,277
(3) LEASE LIABILITY			,135,411

(2) DEPOSITS PAYABLE
(3) LEASE LIABILITY
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Cojumn (b) must equal Form 990, Part X, line 25, col. (B))

1,140,888.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

1,140,88

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

95-	- 37	7 N Q	125	3	Page 4

		(Form 990) 2023				5705255 Fage 1
Pa	rt XI	Reconciliation of Revenue per Audited Financial Statement	s Wit	h Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	revenue, gains, and other support per audited financial statements			1	19,140,658.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	46,622.		
b	Donate	ed services and use of facilities	2b	11,559,981.		
С	Recov	veries of prior year grants				
d		(Describe in Part XIII.)				
е	Add lir	nes 2a through 2d			2e	11,606,603.
3	Subtra	act line 2e from line 1			3	7,534,055.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total r	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,534,055.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	its W	ith Expenses per P	letur	n
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	18,853,125.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	11,559,981.		
b	Prior y	/ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е		nes 2a through 2d			2e	11,559,981.
3	Subtra	act line 2e from line 1			3	7,293,144.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			_
С	Add lir	nes 4a and 4b			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,293,144.
		Supplemental Information				
Prov		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part ?	X, line 2; Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE CENTER QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3)AS DESCRIBED IN SECTIONS 509(A)(1), 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE (THE "CODE") AND 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, ACCORDINGLY, THERE IS NO PROVISION FOR FEDERAL INCOME TAXES OR CALIFORNIA FRANCHISE TAX. IN ADDITION, THE CENTER QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME (UBTI) WOULD BE TAXABLE. THE CENTER EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number PUBLIC LAW CENTER 95-3709253 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			VOLUNTEERS	HALLOWEEN	NONE	` '	
			FOR JUSTICE	BASH		(add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
ne			, ,, ,	, ,,	,		
Revenue	1	Gross receipts	717,488.	51,481.		768,969.	
Be	•	aross receipts	72772000	32,1021		70075051	
	2	Less: Contributions	571,257.	39,805.		611,062.	
	_	2000. Contributions	0.12/20.0	02/0001		022,0020	
	3	Gross income (line 1 minus line 2)	146,231.	11,676.		157,907.	
	Ŭ	areas meenie (inte i minus inte 2)					
	4	Cash prizes					
	•	Odon ph200					
	5	Noncash prizes					
Ś	J	1101104311 p11203					
nse	6	Rent/facility costs					
φ	0	Tient/facility costs					
Direct Expenses	_	Food and bourgess					
irec	′	Food and beverages					
		Entertainment					
	8	Entertainment		24,636.		149,786.	
	40	Other direct expenses		149,786.			
	10	Direct expense summary. Add lines 4 through		8,121.			
11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than							
1 0		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, or i	eported more than		
_		\$15,000 off Form 990-EZ, line oa.		(b) Pull tabs/instant		(d) Total gaming (add	
ē			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)	
Revenue				biligo, progressive biligo		coi. (a) amougin coi. (c)	
Вè							
_	1	Gross revenue					
		Ozah zuizaa					
ses	2	Cash prizes					
ens		Name and project					
Direct Expenses	3	Noncash prizes					
St.		Pont/facility costs					
Dire	4	Rent/facility costs					
	_	Other direct expenses					
_	5	Other direct expenses	V 0/	V 0/			
	_	Voluntaar lahar	Yes %		Yes %		
	ь	Volunteer labor	No	No	L No		
	_	Direct consens consens Add lines Others on	- F in and (d)				
	′	Direct expense summary. Add lines 2 through	15 in column (a)				
	_	Not consider income a consequence Continuent line 7	fuere line 4 celumen (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)				
9	Ent	ter the state(s) in which the organization condu	ucte gaming activities:				
						Yes No	
 a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 							
D	11	no, explain.					
10-	\\\\	are any of the organization's semina linears :-	wokod augrandad aiita	rminated during the tarre	·oor?	Voc. No.	
		ere any of the organization's gaming licenses re				Yes No	
O	II "	Yes," explain:					

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 PUBLIC LAW CENTER 95-3	3/09	<u>⊿၁၁</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
С	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation \$			
	Description of continuous annials d			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-	Manufatana distributiona			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
	retain the state gaming license?	. Ш	res	L NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	منا الله	aa 0 .	2b 10b
ı u		rt III, III1	es 9, :	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	i (Form 990)	PUBLIC LAW	CENTER		95-3709253	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
		(continued)				
					<u> </u>	

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

PUBLIC LAW CENTER

Employer identification number 95-3709253

P	art I Questions Regarding Compensation	310343.		
	att Questions negarating compensation		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		103	140
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account Personal services (such as maid, chauneur, cher)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
}	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.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
Ļ	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			Х
	Participate in or receive payment from an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
,	contingent on the revenues of:			
2	The organization?	5a		Х
u h	Any related organization?	5b		X
U	If "Yes" on line 5a or 5b, describe in Part III.	30		- 22
;	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:			
_		60		Х
		6a 6b		X
IJ	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			21
,	•			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-		Х
,	not described on lines 5 and 6? If "Yes," describe in Part III	7		Λ
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)? Paperwork Reduction Act Notice, see the Instructions for Form 990 School	9		

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.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MONICA GLICKEN	(i)	182,464.	0.	0.	7,123.	29,926.	219,513.	0.
EXECUTIVE DIRECTOR & GENER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the o	rganization
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PUBLIC LAW CENTER

Employer identification number

95-3709253

		орпіс па									034	33		
Pa	art I Excess Bene	efit Transacti	ons (section 5	01(c)(3), secti	on 501(c)(4), and sec	ctior	n 501(c)(29) orga	nizatio	ns on	ly)			
	Complete if the	organization ansv	wered "Yes" on I	Form 9	90, Pa	rt IV, line 25a or 25b	; or	Form 990-EZ, Pa	art V, Ii	ine 40	b.			
1	(a) Name of disqualified p	(b) i	(b) Relationship between disqualified			ified	(c) Description of transaction					(d) Corrected		
	(a) Name of disqualified p	person	person and or	rganiza	ation	(0	<i>3)</i> D	escription of tran	ISactio	11		Y	es	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
	Enter the amount of tax	incurred by the c	organization man	agers	or disq	ualified persons duri	ing t	he year under						
			-	-		•	-	•		\$				
3	Enter the amount of tax,													
	,		,	,										
Pa	art II Loans to and	d/or From Int	erested Pers	sons										
	Complete if the	organization ansv	wered "Yes" on I	Form 9	90-EZ.	Part V, line 38a, or I	Forn	n 990. Part IV. lir	ne 26:	or if th	ne oraz	nizatio	on	
	reported an amo	· ·						,,	,		3-			
	(a) Name of	(b) Relationship	 	(d) Lo	an to or	(e) Original	(f) Balance due	(a)) In	(h) Ap	Approved (i) Writte		ritten
	interested person	with organization	ation of loan 1		n the zation?	principal amount	١,	(-7 =		ult?	by board or committee?		a araam anto	
					From				Yes	No	Yes	No	Yes	No
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	art III Grants or As	sistance Ber	nefiting Inter	estec	d Per									
	Complete if the		_											
	(a) Name of interested ((c) Amount of		(d) Type	of		10) Purp	oco of	
	(a) Name of interested [person	(b) Relationship interested pers			assistance		assistan			•	assista		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's
	porcon and the organization	transastion.	iranoastion	rever Yes	No
(1)CESAR COVARRUBIAS	BOARD MEMBER	65,000.	CESAR COVAR		X
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9) (10)					
Part V Supplemental Information			I		
Provide additional information for resp	onses to questions on Schedule L. See in	nstructions.			
aa		a	,		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVING	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: CESAR	COVARRUBIAS				
(,					
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
DOADD MEMBER					
BOARD MEMBER					
(C) AMOUNT OF TRANSACTION	\$ 65,000.				
(D) DESCRIPTION OF TRANSAC	TION: CESAR COVARRUB	IAS IS A BO	ARD MEMBER	OF	
THE PUBLIC LAW CENTER AND	THE EXECUTIVE DIRECT	OR OF THE K	ENNEDY		
THE TOBLE DIM CHATER TAND	IIII IMICOTIVI DIRECT	011 01 11111 11			
COMMISSION. IN 2023, PLC F	PROVIDED A \$65,000 SU	BGRANT TO T	HE KENNEDY		
				_	
COMMISSION, FOR THEIR SERV	ICES IN PROVIDING RE	VIEW AND CO	MMENT ON OU	K	
AFFORDABLE HOUSING-RELATED	ADVOCACY.				
(E) SHARING OF ORGANIZATION	N REVENUES? = NO				

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PUBLIC LAW CENTER

Employer identification number 95-3709253

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

EDUCATION, AND STRATEGIC LITIGATION AND ADVOCACY TO CHALLENGE SOCIETAL

INJUSTICES.

FORM 990, PART VI, SECTION A, LINE 4:

AMENDED THE BYLAWS TO EXTEND THE DEADLINE FOR THE PUBLICATION OF THE ANNUAL REPORT AND THE STATEMENT REGARDING INTERESTED TRANSACTIONS FROM 120 DAYS TO 180 DAYS AFTER THE CLOSE OF THE CORPORATION'S FISCAL YEAR.

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

FORM 990 IS REVIEWED BY AUDIT COMMITTEE CHAIR BEFORE BEING FINALIZED AND FILED. A COPY OF THE FORM 990 IS TRANSMITTED ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS AND IS UPLOADED TO THE ORGANIZATION'S WEBSITE.

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

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

NO DIRECTOR OF THIS CORPORATION NOR ANY OTHER CORPORATION, FIRM ASSOCIATION, OR OTHER ENTITY IN WHICH ONE OR MORE OF THIS CORPORATION'S DIRECTORS HAVE A MATERIAL FINANCIAL INTEREST SHALL BE INTERESTED, DIRECTLY OR INDIRECTLY, IN ANY CONTRACT OR TRANSACTION, UNLESS (A) THE MATERIAL FACTS REGARDING THAT DIRECTOR'S FINANCIAL INTEREST IN SUCH CONTRACT OR TRANSACTION OR REGARDING SUCH COMMON DIRECTORSHIP, OFFICERSHIP, FINANCIAL INTEREST ARE FULLY DISCLOSED IN GOOD FAITH AND NOTED IN THE MINUTES, OR ARE KNOWN TO ALL MEMBERS OF THE BOARD PRIOR TO THE BOARD'S CONSIDERATION OF SUCH CONTRACT OR TRANSACTION; (B) SUCH CONTRACT OR TRANSACTION IS AUTHORIZED IN GOOD FAITH BY A MAJORITY OF THE BOARD BY A VOTE SUFFICIENT FOR THAT PURPOSE WITHOUT COUNTING VOTES OF THEINTERESTED

LHA 332211 11-14-23

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization PUBLIC LAW CENTER

Employer identification number 95-3709253

DIRECTORS; (C)BEFORE AUTHORIZING THE TRANSACTION, THE BOARD CONSIDERS AND
IN GOOD FAITH DECIDES AFTER REASONABLE INVESTIGATION THAT THE CORPORATION
COULD NOT OBTAIN A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT
UNDER THE CIRCUMSTANCES; AND (D) THE CORPORATION FOR ITS OWN BENEFIT ENTERS
INTO THE TRANSACTION, WHICH IS FAIR AND REASONABLE TO THE CORPORATION AT
THE TIME THE TRANSACTION IS ENTERED INTO.

THE FOREGOING RESTRICTION DOES NOT APPLY TO A TRANSACTION THAT IS PART OF

AN EDUCATIONAL OR CHARITABLE PROGRAM OF THIS CORPORATION IF IT (A) IS

APPROVED OR AUTHORIZED BY THE CORPORATION IN GOOD FAITH AND WITHOUT

UNJUSTIFIED FAVORITISM AND (B) RESULTS IN A BENEFIT TO ONE OR MORE

DIRECTORS OF THEIR FAMILIES BECAUSE THEY ARE IN THE CLASS OF PERSON

INTENDED TO BE BENEFITED BY THE EDUCATIONAL OR CHARITABLE PROGRAM OF THIS

CORPORATION.

PLC EMPLOYEES ARE EXPECTED TO DEVOTE THEIR BEST EFFORTS AND ATTENTION TO
THE FULL-TIME PERFORMANCE OF THEIR JOBS. EMPLOYEES ARE EXPECTED TO USE GOOD
JUDGMENT, TO ADHERE TO HIGH ETHICAL STANDARDS, AND TO AVOID SITUATIONS THAT
CREATE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST BETWEEN THE EMPLOYEE'S
PERSONAL INTERESTS AND THE INTERESTS OF PLC. A CONFLICT OF INTEREST EXISTS
WHEN THE EMPLOYEE'S LOYALTIES OR ACTIONS ARE DIVIDED BETWEEN PLC'S
INTERESTS AND THOSE OF ANOTHER, SUCH AS A COMPETITOR, SUPPLIER, OR CLIENTS.
BOTH THE FACT AND THE APPEARANCE OF A CONFLICT OF INTEREST SHOULD BE
AVOIDED. EMPLOYEES UNSURE AS TO WHETHER A CERTAIN TRANSACTION, ACTIVITY OR
RELATIONSHIP CONSTITUTES A CONFLICT OF INTEREST SHOULD DISCUSS IT WITH THE
EXECUTIVE DIRECTOR. SOME EXAMPLES OF POTENTIAL CONFLICTS OF INTEREST
INCLUDE, BUT ARE NOT LIMITED TO:

- ENGAGING IN SELF-EMPLOYMENT IN COMPETITION WITH PLC;
- 2. USING PLC INFORMATION FOR PERSONAL GAIN;
- 3. ACCEPTING SUBSTANTIAL PERSONAL GIFTS FROM CLIENTS OR VOLUNTEER

45

09191114 149072 839380

Schedule O (Form 990) 2023 Page 2

Name of the organization Employer identification number PUBLIC LAW CENTER Employer 3709253

ATTORNEYS; OR

4. USING PLC ASSETS OR LABOR FOR PERSONAL USE.

AN EMPLOYEE MAY ENGAGE IN OUTSIDE EMPLOYMENT, PROVIDED THAT SUCH EMPLOYMENT

DOES NOT INTERFERE WITH THE EMPLOYEE'S PERFORMANCE OF THEIR

RESPONSIBILITIES AT PLC. PLC LEGAL STAFF MAY NOT OFFER LEGAL SERVICES

OUTSIDE OF THEIR PLC RESPONSIBILITIES WITHOUT PRIOR APPROVAL OF THE

EXECUTIVE DIRECTOR.

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

THE BOARD OF DIRECTORS HAS DELEGATED TO THE BOARD EXECUTIVE COMMITTEE THE

ANNUAL REVIEW AND COMPENSATION SETTING OF THE EXECUTIVE DIRECTOR AND THE

CHIEF FINANCIAL OFFICER (CFO). THE EXECUTIVE COMMITTEE COMPARES

COMPENSATION FOR TOP OFFICERS OF SIMILAR LEGAL SERVICES ORGANIZATIONS, AS

REFLECTED IN THEIR FORM 990'S, AS WELL AS JOB PERFORMANCE OF THE EXECUTIVE

DIRECTOR AND CFO TO DETERMINE THE COMPENSATION. THE PUBLIC LAW CENTER DOES

NOT HAVE A WRITTEN EMPLOYMENT CONTRACT WITH THE EXECUTIVE DIRECTOR OR CFO.

THE EXECUTIVE COMMITTEE DOCUMENTS ITS DELIBERATIONS AND DECISIONS REGARDING

THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND CFO.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC UPON REQUEST ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

FORM 990 PART XII LINE 2C

AN UPDATED AUDIT OVERSIGHT PROCESS IN THE BY-LAWS, SECTION 7, AMENDED

10/28/19 AS FOLLOWS:

SECTION 7 NONPROFIT INTEGRITY ACT/AUDIT COMMITTEE

IN ANY FISCAL YEAR IN WHICH THE CORPORATION RECEIVES OR ACCRUES GROSS

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

Name of the organization **Employer identification number** PUBLIC LAW CENTER 95-3709253 REVENUES OF TWO MILLION DOLLARS OR MORE (EXCLUDING GRANTS FROM, AND CONTRACTS FOR SERVICES WITH, GOVERNMENTAL ENTITIES FOR WHICH THE GOVERNMENTAL ENTITY REQUIRES AN ACCOUNTING OF THE FUNDS RECEIVED), THE BOARD SHALL (I) PREPARE ANNUAL FINANCIAL STATEMENTS USING GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THAT ARE AUDITED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT ("CPA") IN CONFORMITY WITH GENERALLY ACCEPTED AUDITING STANDARDS; (II) MAKE THE AUDIT AVAILABLE TO THE ATTORNEY GENERAL AND TO THE PUBLIC ON THE SAME BASIS THAT THE INTERNAL REVENUE SERVICE FORM 990 IS REQUIRED TO BE MADE AVAILABLE; AND (III) APPOINT AN AUDIT COMMITTEE. THE AUDIT COMMITTEE SHALL NOT INCLUDE PAID OR UNPAID STAFF OR EMPLOYEES OF THE CORPORATION, INCLUDING, IF STAFF MEMBERS OR EMPLOYEES, THE PRESIDENT OR THE TREASURER. IF THERE IS A FINANCE COMMITTEE, MEMBERS OF THE FINANCE COMMITTEE SHALL CONSTITUTE LESS THAN 50% OF THE MEMBERSHIP OF THE AUDIT COMMITTEE AND THE CHAIRPERSON OF THE AUDIT COMMITTEE SHALL NOT BE A MEMBER OF THE FINANCE COMMITTEE. THE AUDIT COMMITTEE MAY INCLUDE PERSONS WHO ARE NOT DIRECTORS. SUBJECT TO THE SUPERVISION OF THE BOARD, THE AUDIT COMMITTEE SHALL: (A) MAKE RECOMMENDATIONS TO THE BOARD ON THE HIRING AND FIRING OF THE CPA; (B) CONFER WITH THE CPA TO SATISFY AUDIT COMMITTEE MEMBERS THAT THE FINANCIAL AFFAIRS OF THE CORPORATION ARE IN ORDER; (C) APPROVE NON-AUDIT SERVICES BY THE CPA AND ENSURE SUCH SERVICES CONFORM TO STANDARDS IN THE YELLOW BOOK ISSUED BY THE UNITED STATES COMPTROLLER GENERAL; AND

(D) IF REQUESTED BY THE BOARD, NEGOTIATE THE CPA'S COMPENSATION ON

Name of the organization PUBL	IC LAW CENTER		Employer identification number 95-3709253
BEHALF OF THE BOARI		 	
DUIMUI OI IIII DOMNI			

TAXABLE YEAR **2023**

California Exempt Organization Annual Information Return 328941 12-26-23 FORM

199

Conflorence cooperations name PUBLIC LAW CENTER 2004 CONTROLL CONTROLL CONTROLL WEST COLUMN	Calendar Year	2023 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyyy)						
Signate and provincions (See instructions Sp = 3709253	Corporation/Org	anization name		Calif	ornia corpo	ration numbe	er		
Signate and provincions (See instructions Sp = 3709253									
Santa Anna	PUBLIC	LAW CENTER			1062	537			
SANTA ANA Sale Previous part of the provided return rame Previous part of the previou	Additional inforn	nation. See instructions.							
Source State Sta						70925	3		
SANTHA ANA CA 92701					PMB no.				
A First return		VIC CENTER DRIVE WEST		0	710 1				
Foreign province/date/country A First return A First return B Amended return Yes X No I Did the organization have any changes to its guidelines not reported to the FTBP See instructions Prinal information return? Discover Summedment (Windrawin) D Final information return? Discover Summedment (Windrawin) D Final information return? D Discover Summedment (Windrawin) D Final information return? D Discover Summedment (Windrawin) D Final information in a group with information in a group with information in a group with information in a group exemption A Summedment (Windrawin) D Final information return? D Discover Summedment (Windrawin) D Final information return? D Discover Summedment (Windrawin) D Final information return? D Discover Summedment (Windrawin) D Final information return? E Cincle Accounting method: (1) Cash (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life(? (1) © Losh (2) X Accrust (3) One- F Gederal return life (2) Y Accrust (3) One- F Gederal return life (2) Y Accrust (3) One- F Gederal return life (3) Y Accrust (3) One- F Gederal return life (3) Y Accrust (3) One- F Gederal return life (3) Y Accrust (3) One- F George from the life (3) Y Accrust (3) One- F George from the life (3) Y Accrust (3) One- F George from the life (3) Y Accrust (4) One- F George from the life (3) Y Ac	-	7.3.7.7				1			
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F Federal return filed? (1) • soort (2) • soort (3) • Sch H (1990) (4) [X] Other 990 series 6 Is this a group filing? See instructions • Yes [X] No If Yes, what is the parent's name? Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received 4 Total gross receipts form into requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B 5 Cost of goods soid 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 Expenses 10 Excess of receipts over expenses and disbursements. From Side 2, Part II, line 18 • 9 7, 293, 144 on 10 2 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 • 8 8 7, 234, 055 on 10 Expenses 10 Excess of receipts over expenses and disbursements. From Side 2, Part II, line 18 • 9 7, 293, 144 on 10 2 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 11, subtract line 11 from line 12 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Deales and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the texts. 1 If the payments because the payment of the p	E Check ac	counting method: (1) Cash (2) X Accrual (3) Other		-				No	
G is this a group filing? See instructions									
H Is this organization in a group exemption			report taxable income?				• Yes X	No	
Part I Complete Part I unless not required to file this form. See General Information B and C. Total gross receipts from other sources. From Side 2, Part II, line 8									
Part I Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	H Is this or	ganization in a group exemption Yes X No	IRS audited in a prior yea	ır?					
Part I Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	If "Yes," v	vhat is the parent's name?							
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1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 527, 913 00 00 00 00 00 00 00	Dort I	Normalata Bart Luralaca nat vasuirad ta fila this farma Con Conserval lafe							
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Total gross income. Subtract line 7 from line 4	Revenues				-				
Rand Total gross income. Subtract line 7 from line 4						7		00	
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Payments Payments It Use tax. See General Information K 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 17 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 taxpayer) is based on all information of which preparer has any knowledge. Paid Preparer's Signature Preparer's Signature Preparer's Signature Date Check if Self-employed PO 2164134 Firm's name (or yours, if self-employed) PO 2164134 Pirm's FEIN 47 - 3535842 Telephone Telephone Title Date Preparer's Signature Preparer's Signature Preparer's Signature Title EXECUTIVE DIRE A7 - 3535842 Telephone Telephone Trelephone	Evnances	9 Total expenses and disbursements. From Side 2, Part II, line 18			•	9	7,293,144	00	
Payments 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 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 taxpayer) is based on all information of which preparer has any knowledge. Date	Expenses	10 Excess of receipts over expenses and disbursements. Subtract I	ine 9 from line 8			10	240,911	00	
Payments 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 Oo 17 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 taxpayer) is based on all information of which preparer has any knowledge. 18 Oo 19 Oo 19 Oo 10 Oo 10 Date 10 Date 11 Date 12 Oo 15 Oo 16 Oo 17 Date 18 Date 18 Date 19 Oo 19 Oo 10 Oo 10 Oo 11 Date 10 Oo 11 Date 12 Oo 13 Oo 14 Oo 15 Oo 16 Oo 17 Date 18 Davis Farr LLP 18 Oo 19 Oo 19 Oo 10 Oo 10 Oo 10 Oo 10 Oo 10 Oo 10 Oo 11 Date 12 Oo 13 Oo 14 Oo 15 Oo 16 Oo 16 Oo 17 Date 18 Date 18 Date 18 Date 18 Davis Farr LLP 19 Davis Farr LLP 20 Davis Farr LLP 21 Davis Farr LLP 22 Davis Farr LLP						11		00	
Payments 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 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 prepare (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Preparer's signature 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 taxpayer) is based on all information of which preparer has any knowledge. Title EXECUTIVE DIRE Date Check if self-employed P02164134 Preparer's signature of cry yours, if self-employed P02164134 Paid Firm's name (or yours, if self-employed) P02164134 Firm's FARR LLP 47-3535842 Telephone Prim 47-3535842 Telephone Prim 47-3535842 Telephone Prim 47-3535842		12 Use tax. See General Information K			•			-	
15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, 1 declare that 1 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Signature of officer Preparer's signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Paid Preparer's signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Pittle EXECUTIVE DIRE One Check if self-employed P02164134 Pirm's name (or yours, if self-employed) Prim's FEIN 47 - 3535842 Telephone 18201 VON KARMAN AVE, SUITE 1100 IRVINE, CA 92612					•			-	
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 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 taxpayer) is based on all information of which preparer has any knowledge. Title	Payments		from line 12		•			-	
Here Signature of officer Preparer's signature Preparer's Use Only Preparer's Use Volly Preparer's Preparer's Signature Prepa								-	
Here Signature of officer Preparer's signature Preparer's Use Only Preparer's Use Volly Preparer's Preparer's Signature Prepa		16 Balance due. Add line 12 and line 15. Then subtract line 11 froi Under penalties of perjury, I declare that I have examined this return, including acco	m the resultompanying schedules and statemen	its, and to the	best of my	16 knowledge a	and belief,	100	
Signature of officer officer of officer of officer of officer of officer of officer of o	Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is bas			knowledge.				
Preparer's signature Paid Preparer's Use Only Preparer's Use Only Preparer's Signature Preparer's Signature Firm's name (or yours, if self-employed) and address PAVIS FARR LLP 18201 VON KARMAN AVE, SUITE 1100 1RVINE, CA 92612 PTIN PO2164134 47-3535842 • Telephone 949-474-2020	Here	Signature				•'	elephone		
Paid Preparer's signature Firm's name (or yours, if self-employed) and address Preparer's Use Only Preparer's Self-employed P02164134 Firm's FEIN 47-3535842 Telephone Preparer's IRVINE, CA 92612 P02164134 Firm's FEIN 47-3535842 Telephone 949-474-2020		of officer			:4	● P	TIN		
Paid Preparer's Use Only Paid Preparer's Use Only Prim's name (or yours, if self-employed) and address and address DAVIS FARR LLP		Preparer's					2164134		
Preparer's Use Only Only and address Park LLP	Paid		I						
Use Only Use Only I Self- employed and address I RVINE, CA 92612 • Telephone 949-474-2020		(or yours, DAVITS FARR T.T.D				47	-3535842		
and address IRVINE, CA 92612 949-474-2020	•	employed) 18201 VON KARMAN AVE, SUI	TE 1100						
May the FTB discuss this return with the preparer shown above? See instructions		and address					<u>9-474-202</u> 0		
		May the FTB discuss this return with the preparer shown above? See	instructions		• X	Yes	No		

PUBLIC 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-

							SEE PART	II SUBSTITU	ΓE	ATTACHMENT	
		1	Gross sales or receipts from all bu	ısines	s activities. See instru	ctions		•	1		00
		2	Interest						2		00
		3	Dividends						3		00
Recei	eceipts 4 Gross rents										00
from		5	Gross royalties					•	5		00
Other		6	Gross amount received from sale	of ass	sets (See instructions)			•	6		00
Sourc	es	7	Other income					•	7		00
		8	Total gross sales or receipts from	8		00					
		9	Contributions, gifts, grants, and si	milar	amounts paid			•	9		00
		10	Disbursements to or for members						10		00
	11 Compensation of officers, directors, and trustees								11	0	00
		12	Other salaries and wages						12		00
Expen	ses	13	Interest						13		00
and		14	Taxes						14		00
Disbu	rse-	15	Rents						15		00
ments	;	16	Depreciation and depletion (See in						16		00
		17	Other expenses and disbursement						17		00
			Total expenses and disbursement					rt I, line 9	18		00
Sch	edul	e L	Balance Sheet		Beginning of	taxabl	e year	End	of tax	cable year	
Assets	S		_		(a)		(b)	(c)		(d)	
1 C										•	
			s receivable							•	
			ceivable							•	
										•	
			state government obligations							•	
			in other bonds							•	
			in stock							•	
	lortga 	-								•	
			ments							•	
10 a	Depr	eciab	le assets						-		
			mulated depreciation							_	—
										•	
										•	
			et worth							•	
			yable								
			s, gifts, or grants payable							•	
			otes payable							•	
			ayable							•	
			es							•	
			c or principal fund							•	
			tal surplus. Attach reconciliation							•	
			nings or income fund								—
Sch			ies and net worth	r hor	ke with income per re	turn					—
0011	ouu.		Do not complete this schedu				e 13, column (d), is les	s than \$50,000.			
1 N	et inc	ome r	per books		•	,	7 Income recorded				
			me tax		•		1	is return. Attach schedul	е	•	
	3 Excess of capital losses over capital gains				8 Deductions in thi						
			recorded on books this year.				against book inco	=			
			lule		•					•	
			corded on books this year not					d line 7 and line 8			
	•		this return. Attach schedule		•		10 Net income per re				
				om line 6							

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT		
ACC-SOCAL	1000 WILSHIRE BLVD, STE 1600 LOS ANGELES, CA 90017	5,000.		
AITKEN, AITKEN & COHN	3 MACARTHUR PL #800 SANTA ANA, CA 92707	15,000.		
ALTSTADT CONSULTING	23615 EL TORO ROAD, SUITE X-342 LAKE FOREST, CA 92630	5,000.		
BANC OF CALIFORNIA	3 MACARTHUR PLACE SANTA ANA, CA 92707	7,500.		
BREMER & WHYTE, BROWN & O'MEARA, LLP	20320 S.W. BIRCH STREET SECOND FLOOR NEWPORT BEACH, CA 92660	25,000.		
BROWN RUDNICK	2211 MICHELSON DRIVE 7TH FLOOR IRVINE, CA 92612	7,500.		
BUCHALTER	18400 VON KARMAN AVENUE, SUITE 800 IRVINE, CA 92612	5,000.		
CAL OES	3650 SCHRIEVER AVENUE MATHER, CA 95655	146,628.		
CALIFORNIA ACCESS TO JUSTICE COMMISSION	350 FRANK H. OGAWA PLAZA, SUITE 701 OAKLAND, CA 94612	100,000.		
CALIFORNIA COMMUNITY FOUNDATION	221 S FIGUEROA ST, SUITE 400 LOS ANGELES, CA 90012	20,000.		
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	744 P STREET, MS 8-9-646 SACRAMENTO, CA 95814	204,307.		
CARTER ET AL V UNITED PACIFIC SVCS	PO BOX 26170 SANTA ANA, CA 92799	34,822.		
CHAHIRA SOLH	CROWELL & MORING LLP 3 PARK PLAZA, 20TH FLOOR IRVINE, CA	E 000		
CITY OF IRVINE	92614 1 CIVIC CENTER PLAZA IRVINE, CA 92606	5,000. 67,500.		
191114 149072 83938Q	3 2023.05000 PUBLIC LAW	STATEMENT(S) CENTER 83938		

PUBLIC LAW CENTER		95-3709253
	20 CIVIC CENTER PLAZA - M25 SANTA ANA, CA 92701	30,225.
	201 N TUSTIN AVE SANTA ANA, CA 92705	
CONNOR, FLETCHER &	2211 MICHELSON DRIVE, SUITE	•
HEDENKAMP COUNTY OF ORANGE	1100 IRVINE, CA 92612 405 W. 5TH STREET SUITE 600	7,500.
	SANTA ANA, CA 92701 3 PARK PLAZA, 20TH FLOOR	60,186.
	IRVINE, CA 92614 27906 GOLDENRIDGE LANE SAN	28,000.
DEBORAH ARBABI	JUAN CAPISTRANO, CA 92675 3 PARK PLAZA, 20TH FLOOR	5,200.
EQUAL JUSTICE WORKS	IRVINE, CA 92614 1730 M STREET NW SUITE 1010	5,000.
EVERETT DOREY	WASHINGTON, DC 20036-4511 18300 VON KARMAN AVE, SUITE	18,846.
	900 IRVINE, CA 92612 PO BOX 6130 NEWPORT BEACH, CA	11,500.
ORANGE COUNTY	92658 1502 LEDGESTONE LANE POMONA,	7,500.
	CA 91767	10,000.
	3161 MICHELSON DRIVE IRVINE, CA 92612-4412	7,500.
·	300 SPECTRUM CENTER DRIVE, SUITE 1420 IRVINE, CA 92618	5,000.
HAITIAN BRIDGE ALLIANCE	4265 FAIRMOUNT AVE #280 SAN DIEGO, CA 92105	15,000.
HHS-ACL	SWITZER BUILDING, 330 C STREET, SW WASHINGTON, DC	
HODEL WILKS LLP	20201 9210 IRVINE CENTER DR IRVINE,	65,826.
	CA 92618 2832 WALNUT AVE STE C TUSTIN,	5,000.
IMMIGRANT LEGAL RESOURCE	CA 92780 1663 MISSION STREET SUITE 602	5,610.
CTR	SAN FRANCISCO, CA 94103 501 S. IDAHO ST., SUITE 300 LA	171,741.
ADVANCEMENT INTERNAL REVENUE SERVICES	HABRA, CA 90631	8,367.
	OGDEN, UT 84201	131,200.
IRELL & MANELLA LLP	840 NEWPORT CENTER DR, SUITE 400 NEWPORT BEACH, CA 92660	5,000.
JONES DAY	3161 MICHELSON DR #800 IRVINE, CA 92612	5,000.
JUDICATE WEST	1851 E FIRST ST, SUITE 1600 SANTA ANA, CA 92705	10,199.
KADING BRIGGS LLP	100 SPECTRUM CENTER DRIVE SUITE 800 IRVINE, CA 92618	5,000.
KNOBBE, MARTENS, OLSON & BEAR, LLP	2040 MAIN ST, 14TH FLOOR IRVINE, CA 92614	25,000.
MANATT, PHELPS & PHILLIPS, LLP	695 TOWN CENTER DR, 14TH FLOOR	5,000.
MICHAEL ERMER	5668 OCEAN TERRACE DRIVE HUNTINGTON BEACH, CA 92648	7,500.
MINYARD MORRIS, LLP	1811 QUAIL ST NEWPORT BEACH, CA 92660	9,500.
	CA 74000	9,300.

MISSION HOSPITAL	PUBLIC LAW CENTER		95-3709253
MORGAN, LEWIS & BOCKIUS 600 ANTON BLVD., SUITE 1800 LLP COSTA MESA, CA 92626 12,750. NICOLE WHYTE 601 CIVIC CENTER DRIVE WEST SANTA ANA, CA 92701 17,500. OCBA CHARITABLE FUND PO BOX 6130 NEWPORT BEACH, CA 92658 30,000. OCBA LRIS PO BOX 6130 NEWPORT BEACH, CA 92650 7,500. O'MELVENY & MYERS 610 NEWPORT ENTER DR 17TH FLOOR NEWPORT BEACH, CA 92660 21,250. ORANGE COUNTY COMMUNITY 700 NEWPORT BEACH, CA 92660 21,250. ORRICK, HERRINGTON, 2050 MIN ST., SUITE 1100 20,000. ORRICK, HERRINGTON 17VINE, CA 92614 15,000. PROGRAM FOR TORTURE 3550 WILSHITE BLVD, SUITE 1906 15,000. PROGRAM FOR TORTURE 3550 WILSHITE BLVD, SUITE 1906 10,000. ROBINSON CALCAGNIE, INC 19 CORPORATE PLAZA DRIVE NEWPORT BEACH, CA 92636 11,750. ROBINSON CALCAGNIE, INC 19 CORPORATE PLAZA DRIVE NEWPORT BEACH, CA 92636 11,750. SEASTROM TUTTLE & MURPHY 4695 MACARTHUR COURT SUITE 1000. SEASTROM TUTTLE & MURPHY 4695 MACARTHUR COURT SUITE 1400 7,500. SHEPPARD, MULLIN, RICHTER 650 TOWN CENTER DR, 4TH FLOOR COSTA MESA, CA 92626 15,000. SHEPPARD, MULLIN, RICHTER 650 TOWN CENTER DR, 4TH FLOOR COSTA MESA, CA 92626 15,000. SHEPPARD, MULLIN, RICHTER 650 TOWN CENTER DR, 4TH FLOOR COSTA MESA, CA 92626 15,000. SHEPPARD, MULLIN, RICHTER 650 TOWN CENTER DR, 4TH FLOOR COSTA MESA, CA 92626 15,000. STRADLING, YOCCA, CARLSON 660 NEWPORT EBACH, CA 92660 15,000. STRADLING, YOCCA, CARLSON 660 NEWPORT CENTER DRIVE. SHERDARD, WULLIN, RICHTER 650 TOWN CENTER DRIVE. SHERDARD, MULLIN, RICHTER 650 NEWPORT BEACH, CA 92660 15,000. THE STATE BAR OF 180 HOWARD STREET SAN CALLFORNIA FRANCISCO, CA 94105-1639 3,057,580. THE STATE BAR OF 180 HOWARD STREET SAN CALLFORNIA FRANCISCO, CA 94105-1639 3,057,580.	MISSION HOSPITAL	27700 MEDICAL CENTER ROAD	
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TOTAL INCLUDED ON LINE 3 4,917,958.		·	5,900.
TOTAL INCLUDED ON LINE 3 4,917,958.			4 44 - 4 -
	TOTAL INCLUDED ON LINE 3		4,917,958.

TAXABLE YEAR **Corporation Depreciation CALIFORNIA FORM** 2023 and Amortization FORM 199 FEIN 95-3709253 Attach to Form 100 or Form 100W. Corporation name California corporation number PUBLIC LAW CENTER 1062537 Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California 1 \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-(a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (c) Cost or (b) (a)
Description of property (g) Depreciation (e) (f) Life or (h) Date acquired Depreciation allowed or Additional Depreciation (mm/dd/yyyy) other basis allowable in earlier years rate for this year . method 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 21,274 See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) (**1**) 18 0 Part IV Amortization (e) (b) (d) (f) (a) (c) (g)

Description of property	(mm/dd/yyyy)	other basis	allowable in earlier years	Section (see instructions)	percent		Amortization for this year
19							
20 Total. Add the amounts in column (g)						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,							
Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12							

CA 3885		DEPRECIATION				STATEMENT 2	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 BUILDINGS							
0 1 1110	VARIOUS	336,360.	213,028.	SL	30.00	11,212.	
2 LAND	01/01/05	263,640.		L		0.	
3 PROPERTY A		200,0101		_			
	VARIOUS	156,246.	156,246.	SL	5.00	0.	
4 SOFTWARE	09/21/20	50,310.	22,640.	SL	5.00	10,062.	
TOTAL TO FORM 38	85	806,556.	391,914.		•	21,274.	

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 JUSTICE
PAGE 1 of 5 (For Registry Use Only)

PUBLIC LAW CENTER Name of Organization List all DBAs and names the organization uses or has used 601 CIVIC CENTER DRIVE WEST		Check if: Change of address Amended report Organization requests email notifications State Charity Registration Number 47573				
Address (Number and Street)						
SANTA ANA, CA 92701 City or Town, State, and ZIP Code	Corporat	ion or Organization No. 1062537				
714-541-1010	Federal E	Employer ID No. 95-3709253				
Telephone Number E-mail Address						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Departn						
Total Revenue Fee Total Revenue Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million		Total Revenue Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million Greater than \$500 million	: 1			
PART A - ACTIVITIES						
For your most recent full accounting period (beginning $\frac{01/01/20}{}$	23_ end	ding <u>12/31/2023</u>) list:				
Total Revenue (including noncash contributions) \$ 7 , 534 , 055 Noncash Contributions \$ Program Expenses \$ 5 , 764 , 531	Total Exp	0 Total Assets \$ 6,37	7,0	<u>72</u>		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS RE	EPORT				
Note: All questions must be answered. If you answer "yes" to any of the ques				ı		
During this reporting period, were there any contracts, loans, leases or other finand any officer, director or trustee thereof, either directly or with an entity in what any financial interest? Please real trustee any contracts, loans, leases or other financial interest.	nancial trar	nsactions between the organization	Yes	No		
During this reporting period, was there any theft, embezzlement, diversion or n or funds?	nisuse of th	ne organization's charitable property		х		
3. During this reporting period, were any organization funds used to pay any pen-	alty, fine or	judgment?		х		
During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?						
5. During this reporting period, did the organization receive any governmental fur	nding?	SEE STATEMENT 4	х			
6. During this reporting period, did the organization hold a raffle for charitable pu	rposes?	SEE STATEMENT 5	х			
7. Does the organization conduct a vehicle donation program?				х		
Did the organization conduct an independent audit and prepare audited finance generally accepted accounting principles for this reporting period?	cial stateme	ents in accordance with	х			
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.						
MONICA GLICKEN Signature of Authorized Agent Printed Name		EXECUTIVE DIRECTOR Title Date				

CA RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS STATEMENT 3
PART B, LINE 1

CESAR COVARRUBIAS IS A BOARD MEMBER OF THE PUBLIC LAW CENTER AND THE EXECUTIVE DIRECTOR OF THE KENNEDY COMMISSION. IN 2023, PLC PROVIDED A \$65,000 SUBGRANT TO THE KENNEDY COMMISSION, FOR THEIR SERVICES IN PROVIDING REVIEW AND COMMENT ON OUR AFFORDABLE HOUSING-RELATED ADVOCACY.

STATEMENT(S) 3 83938Q_1

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 4
PART B, LINE 5

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
744 P STREET, MS 8-9-646, SACRAMENTO, CA 95814 916-654-1466

CALIFORNIA GOVENOR'S OFFICE OF EMERGENCY SERVICES 3650 SCHRIEVER AVENUE, MATHER, CA 95655 (916) 845-8510

CITY OF SANTA ANA
20 CIVIC CENTER PLAZA - M25, SANTA ANA, CA 92701 714-647-5445

COUNTY OF ORANGE 405 W 5TH STREET SUITE 600, SANTA ANA, CA 92701 714-834-3137

CITY OF IRVINE
1 CIVIC CENTER PLAZA
IRVINE, CA 92606-5207 949-724-6000

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - ADMINISTRATION FOR COMMUNITY LIVING
SWITZER BUILDING, 330 C STREET, SW, WASHINGTON DC 20201-0003

PROGRAM FOR TORTURE VICTIMS 3550 WILSHIRE BLVD, SUITE 1906, LOS ANGELES, CA 90010 213-384-4788

THE STATE BAR OF CALIFORNIA
180 HOWARD STREET, SAN FRANCISCO, CA 94105-1639 415-538-2000

CA RRF-1 EXPLANATION OF CHARITABLE RAFFLES STATEMENT 5
PART B, LINE 6

WE HELD ONE RAFFLE FOR CHARITABLE PURPOSES ON OCTOBER 27, 2023.