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CLIENT'S COPY

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

OMB No. 1545-0047

Inspection

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

Open to Public

В	Check if applicable	C Name of organization		D Employer identific	cation number
_	□Addres				
	lchang Name			04.2	959973
H	change _Initial	Doing Business As Number and street (or P.0. box if mail is not delivered to street address) Room/:	/cuito		
F	return Termin		Suite	E Telephone numbe	,) 558-8005
F	ated Amend		_	G Gross receipts \$	450,890.
F	☐return ☐Applic ☐tion	San Francisco, CA 94114	-	H(a) Is this a group re	
	pendir	F Name and address of principal officer: Stephen Texeira		for subordinates	
		same as C above		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. (see instructions)
		e: www.childcarelaw.org		H(c) Group exemptio	
		,			A State of legal domicile: CA
	art I	Summary		•	
-	1	Briefly describe the organization's mission or most significant activities: ${ t The \ \ Chil}$	1d (Care Law Ce	nter is a
Activities & Governance		public interest, nonprofit law firm that wor	rks	to make qu	ality,
er n	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more t	than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			13
∞		Number of independent voting members of the governing body (Part VI, line 1b)			13
ies		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5
Ĭ		Total number of volunteers (estimate if necessary)			4
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			
		Ocability disease and seconds (Doub) (III). For all)	-	Prior Year 237,124.	Current Year 450,209.
ne	8	Contributions and grants (Part VIII, line 1h)		74,619.	250.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	196.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,671.	235.
	1			377,414.	450,890.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		290,899.	331,782.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be.	b	Total fundraising expenses (Part IX, column (D), line 25) 31,362.			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		66,472.	98,762.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		66,472. 357,371.	430,544.
	19	Revenue less expenses. Subtract line 18 from line 12		20,043.	20,346.
Net Assets or Fund Balances	3		Beg	inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		194,968.	226,035.
t As	21	Total liabilities (Part X, line 26)		14,721.	25,442.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		180,247.	200,593.
	art II	Signature Block			
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h	nas any knowledge.	
0:		Signature of officer		I Date	
Sig		Daniel B. Newbold, Treasurer			
Hei	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN
Pai	d	Tonetta L. Conner, CPA		if self-employ	P01775198
	parer	Firm's name Harrington Group, CPAs, LLP		Firm's EIN	95-4557617
	Only	Firm's address 234 East Colorado Blvd., Suite M150	0		
	-	Pasadena, CA 91101		Phone no. (6	26) 403-6801
— Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: The Child Care Law Center's attorneys use legal expertise to break
	down the legal barriers standing between families in need and good,
	affordable child care. We educate parents and child care providers,
	advise advocates and policymakers, provide legal information and
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Technical Assistance, Policy Advocacy and Legislative Analysis to
	Attorneys and Advocates:
	The Child Care Law Center supports California's legal services
	attorneys and advocates who represent low income parents and family
	child care providers. We keep them informed about changing child care
	laws, regulations, and policies, answer their questions about child
	care law, offer trainings and fact sheets and co-counsel on impact
	Cases.
	We also provide policy makers and advocates with legal expertise on new
	legislation, the state budget, trailer bills, and administrative
	regulations that may affect access to or the quality of child care programs. Staff attorneys leveraged a recent California Supreme Court
46	
40	(Code:) (Expenses \$ 40,000. including grants of \$) (Revenue \$
	The Child Care Law Center helps parents and child care professionals
	with answers to questions about child care subsidies, inclusion of
	children with disabilities and special health care needs in child care,
	child care for foster children, licensing regulations and other topics.
	We conduct "Know Your Rights" workshops for parents and child care
	professionals about child care subsidies, child care licensing
	regulations, the Americans with Disabilities Act, and other child
	care-related legal topics. We researched policies and regulations
	regarding mandated child abuse reporting, immunizations, fire safety
	and zoning laws, and produced legal materials that government agencies
	and advocates rely on to keep children healthy and safe in child care.
4c	(Code:) (Expenses \$
	Other program convices (Describe in Schedule O.)
-1 u	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 320,494.
	1 J Martine P

Form 990 (2013) Child Care L Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	х	
•	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization required to complete schedule b, schedule b contributors. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	112		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		Х
16	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.,		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) Child Care Law Center IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 21
32	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38	Λ	

Form 990 (2013) Child Care Law Center Part V 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							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6										
b				1							
С				1							
	(gambling) winnings to prize winners?	1c	Х								
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 5										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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			1							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	If "Yes," enter the name of the foreign country: ►			1							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.										
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	, , , , , , , , , , , , , , , , , , , ,	5b		Х							
	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			37							
	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	ا ۵.		1							
-	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х							
a b	The second secon	7b		<u> </u>							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10									
·	to file Form 8282?	7c		х							
d											
е		7e		Х							
f		7f		Х							
g		7g	N/	A							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting ${ m N/A}$										
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
	• • • • • • • • • • • • • • • • • • • •	9a		<u> </u>							
	, , , , , , , , , , , , , , , , , , , ,	9b									
10	Section 501(c)(7) organizations. Enter:			1							
а											
b 11											
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a									
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b									

445 Church Street, 4th Floor, San Francisco, CA

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 in Schedule O. See instructions. Х Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 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 in Schedule O. 13 **b** Enter the number of voting members included in 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 Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 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? 10b 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 in 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 X 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 in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in 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? 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 16b exempt status with respect to such arrangements? 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 (or 1024 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 Upon request X Own website X Another's website Other (explain in Schedule O) Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: Kim Kruckel - Executive Director - (415) 558-8005

94114

Form 990 (2013)

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiza (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(40		Pos	sition k more than one			Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an ificer and a director/trustee)					compensation	compensation	amount of
	week	_	cer an	a a a	a director/trustee			from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	eee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee	Institutional trustee		yee	ım peı	ier	(** 2. *********************************		and related
	below	idual	tution	Ja	Key employee	Highest compensated employee				organizations
	line)	ibu	Insti	Officer	Key	High	Former			
(1) Stephen Texeira	1.00			l						
Board Chair		Х		Х				0.	0.	0.
(2) Daniel Stringer	1.00	ļ		l						
Vice Chair	1 00	Х		Х				0.	0.	0.
(3) Jorja Jackson	1.00	ļ		l					•	•
Secretary	1 00	Х		Х				0.	0.	0.
(4) Daniel Newbold	1.00	ļ		l					•	•
Treasurer	1 00	Х		Х				0.	0.	0.
(5) Brett Barley	1.00	١							0	0
Board Member	1 00	Х						0.	0.	0.
(6) Maureen Boyd	1.00	١,,							0	0
Board Member	1 00	Х	_					0.	0.	0.
(7) Ryan Bradley	1.00	↓							0	0
Board Member	1 00	Х						0.	0.	0.
(8) Bradley Brownlow	1.00	x						0.	0.	0
Board Member	1.00	^				<u> </u>		0.	0.	0.
(9) Shawnine EaglinMwesige Board Member	1.00	X						0.	0.	0.
(10) Fernando Gaytan	1.00	<u> </u>						0.	0.	0 .
Board Member	1.00	X						0.	0.	0.
(11) Paola Laverde	1.00	1						0.	0.	0 (
Board Member	1.00	x						0.	0.	0.
(12) John Uselman	1.00								•	•
Board Member		x						0.	0.	0.
(13) Kim Kruckel	40.00	 								
Executive Director		1		х				84,500.	0.	6,600.
								0 = 7 0 0 0 0		.,
		1								
						T				
		1								
		1								

332007 10-29-13 Form **990** (2013)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)					
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio	n		(F) stimate nount o other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fi org an	npensa rom the ganizati d relate anizatio	e ion ed	
		_												
1b Sub-total							<u> </u>	84,500.		0.				
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)							<u> </u>	84,500.		0.	0. 6,600.			
2 Total number of individuals (including but r compensation from the organization ▶	not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportab	le		Yes	No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3	103	Х	
4 For any individual listed on line 1a, is the standard related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		Х	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	from	any	/ unr					5		Х	
Section B. Independent Contractors									•					
Complete this table for your five highest countries the organization. Report compensation for								n the organization's tax		npens				
(A) Name and business	address	N	INC	3				(B) Description of s	services	C	ompe	nsatio	n	
·	,													
\$100,000 of compensation from the organi	zation >					0								

Form 990 (2013) Child Care Law Center Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
		SHOOK II GOHAGAIC G GOHA	<u>ame a 196661180</u>	or note to uny in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts Its	1 a	Federated campaigns	1a					
lg ar		Membership dues						
Ę,		Fundraising events						
₩.E		Related organizations						
S, E		Government grants (contributi		137,962.				
ë	f	All other contributions, gifts, gran	, –					
를		similar amounts not included above		312,247.				
흔히	g			,				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<u> </u>	450,209.			
				Business Code				
ا بو	2 a	Training income	!	900099	250.	250.		
اہٍ ₹	b							
S ă	С							
eve	d							
Program Service Revenue	е							
፭	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			250.			
	3	Investment income (including						
		other similar amounts)			196.			196.
	4	Income from investment of tax						
	5	Royalties	·····					
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u></u>				
e	8 a	Gross income from fundraising	g events (not					
		including \$	of					
Other Reven		contributions reported on line	1c). See					
<u> </u>		Part IV, line 18	а					
₹I	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	Iraising events	<u></u>				
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	>				
		Miscellaneous Revenu		Business Code				005
		Miscellaneous I	ncome	900099	235.			235.
	b							
	C							
	d	All other revenue			235.			
		Total. Add lines 11a-11d Total revenue. See instructions.			450,890.	250.	0.	431.
!	12	i otal i evellue. See ilisti uotiolis.			= -0,0000	400.	· ·	401

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,			4.4.4							
	trustees, and key employees	91,600.	70,623.	14,473.	6,504.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	104 450	4.45.050	22 255	40.006						
7	Other salaries and wages	191,453.	147,872.	30,275.	13,306.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	05 052	01 070	0 405	0 206						
9	Other employee benefits	25,873.	21,070.	2,497.	2,306.						
10	Payroll taxes	22,856.	17,481.	3,762.	1,613.						
11	Fees for services (non-employees):										
а	Management										
b	Legal	20 562	14 700	12 222	1 500						
	Accounting	29,562.	14,722.	13,332.	1,508.						
	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	18,235.	9,084.	8,265.	886.						
12	Advertising and promotion		4 500		0.010						
13	Office expenses	7,569.	4,598.	723.	2,248.						
14	Information technology										
15	Royalties	0 000	0.660	501	6.13						
16	Occupancy	9,907.	8,663.	601.	643.						
17	Travel	9,895.	6,984.	1,941.	970.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	5,144.	3,487.	1,348.	309.						
23	Other expenses. Itemize expenses not covered	3,144.	3,407.	1,340.	309.						
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
а	amount, list line 24e expenses on Schedule 0.) Subcontract expenses	8,220.	8,220.								
a b	Library	4,194.	3,294.	368.	532.						
C	Trainings	3,651.	3,186.	300.	465.						
d	Dues and Subscriptions	1,860.	1,110.	678.	72.						
u e	All other expenses	525.	100.	425.	, 2 •						
25	Total functional expenses. Add lines 1 through 24e	430,544.	320,494.	78,688.	31,362.						
26	Joint costs. Complete this line only if the organization	200,0220	,	,	0=,00=0						
_0	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
	- 10 10 10 10 10 10 10 10 10 10 10 10 10				Farm QQ (2012)						

Form 990 (2013)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
	_				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			171,454.	1	94.
	2	Savings and temporary cash investments			50.	2	196,924.
	3	Pledges and grants receivable, net			19,844.	3	26,508.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated empl	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 501(c))(9) voluntary			
ş		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,670.	9	1,559.
	10a	Land buildings and equipment cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	15,457.			
	b	Less: accumulated depreciation	10b	15,457.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	950.	15	950.		
	16	Total assets. Add lines 1 through 15 (must equ			194,968.	16	226,035.
	17	Accounts payable and accrued expenses			14,721.	17	25,442.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
es	22	Loans and other payables to current and former	officers,	directors, trustees,			
Ě		key employees, highest compensated employee	es, and dis	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third pai	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). C	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			14,721.	26	25,442.
		Organizations that follow SFAS 117 (ASC 958		nere ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 and			4.50		101 506
anc	27	Unrestricted net assets			173,408.	27	194,506.
Bal	28	Temporarily restricted net assets			6,839.	28	6,087.
pu	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶Ш			
s or		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			100 045	32	200 502
_	33	Total net assets or fund balances			180,247.	33	200,593.
	34	Total liabilities and net assets/fund balances			194,968.	34	226,035.

rai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,5			
3	Revenue less expenses. Subtract line 2 from line 1	3		0,3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18	0,2	<u>47.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	20	0,5	93.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш_		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,					
	consolidated basis, or both:						
	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	ie audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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

Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

OMB No. 1545-0047

			are Law Cent						9,	4-2959	973	
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	e this parl	:.) See inst	ructions.				
The organ	A church, co A school des	nvention of churche scribed in section 17	because it is: (For lines of s, or association of chure (70(b)(1)(A)(ii). (Attach Scital service organization of the state of the service organization of the state of the sta	ches desc hedule E.)	ribed in se	ction 170	(b)(1)(A)(i)					
4	A medical res		operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital	's nam	ie,
5 <u> </u>	section 170	(b)(1)(A)(iv). (Compl	benefit of a college or ur ete Part II.) nent or governmental unit	·	·		Ü	mental uni	t describ	ed in		
7 X 8	section 170((b)(1)(A)(vi). (Comple	eives a substantial part e ete Part II.) section 170(b)(1)(A)(vi).			governme	ental unit c	r from the	general	public desc	ribed i	n
9 🗌	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
10 <u> </u>	See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that											
e 🗌	describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f	supporting o	rganization, check tl							0			
g	(i) A perso	n who directly or inc erning body of the s	organization accepted ar directly controls, either al upported organization? n described in (i) above?	one or tog	ether with	persons o	lescribed	n (ii) and (iii) below,	11g(i)	Yes	No
h			person described in (i) of about the supported org							11g(iii)		
	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li:	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) Amount sup		netary
			(see msuucuons))	Yes	No	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	421,896.	254,826.	399,077.	237,124.	450,209.	1,763,132.
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	421,896.	254,826.	399,077.	237,124.	450,209.	1,763,132.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						269,937.
6	Public support. Subtract line 5 from line 4.						1,493,195.
	Section B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	421,896.	254,826.	399,077.	237,124.	450,209.	1,763,132.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	5,763.		12.		196.	5,971.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	24,586.	23.	2,536.	65,671.	235.	93,051.
11	Total support. Add lines 7 through 10						1,862,154.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	106,701.
	First five years. If the Form 990 is for	•				n 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	80.19 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	83.97 %
	33 1/3% support test - 2013. If the o					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picase com	oloto i art II.j				
_	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	,	` /			. ,	, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
Э	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	***						
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
r.	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
_	ction B. Total Support		ı	ı	1	1	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	tax year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2012					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	ifies as a publicly	supported organiz	ation	▶□
k	33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule A	(Form 990 or 990-EZ) 2013 Child	Care 1	Law	Center		94-2959973 Page 4
Part IV	Supplemental Information. P	rovide the ex	kplanati	ons required by	Part II, line 10; Part II, lin	e 17a or 17b; and Part III, line 12.
	Also complete this part for any addition	nal informat	ion. (Se	e instructions).		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Child Care Law Center

Employer identification number

94-2959973

Organization type (check one):					
Filers of:		Section:			
Form 990	or 990-EZ	X = 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	-	s covered by the General Rule or a Special Rule. 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.				
Special I	Rules				
For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year				
Caution.	An organization th	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Child Care Law Center

94-2959973

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Bernard E. & Alba Witkin Charitable Foundation 2740 Shasta Road Berkeley, CA 94708	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Heising-Simons Foundation 280 Second Street, Suite 240 Los Altos, CA 94022	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Legal Services Trust Fund of the State Bar of California 180 Howard Street San Francisco, CA 94105	\$ 164,525.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Van Loben Sels/RembeRock Foundation 131 Steuart Street, Suite 301 San Francisco, CA 94105	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Walter S. Johnson Foundation 505 Mongomery Street, Suite 620 San Francisco, CA 94111	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number

Child Care Law Center

94-2959973

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if 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		
		- - - - - \$			

Employer identification number

Child	Care	Law	Center
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94-2959973

Part III	Exclusively religious, charitable, etc., indiv	vidual contributions to section 501(c	ns completing Part III, enter the year. (Enter this information once.) \$\\$ \\$ \\$ \\$ \\$ \\$
	the total of exclusively religious, charitable, et	c., contributions of \$1,000 or less for	the year. (Enter this information once)
	Use duplicate copies of Part III if addition	al space is needed.	(Enter and minorination once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- I di t i			
		(e) Transfer of gif	l .
	Transferes's name address of	nd 71D : 4	Deletionship of transferor to transferor
-	Transferee's name, address, a	IIU ZIP + 4	Relationship of transferor to transferee
(a) Na			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	t
	Transferee's name, address, and ZIP + 4		Deletionship of two of such to two of such
-	Transferee's name, address, a	na 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			
<u> </u>			
		(e) Transfer of gif	t e e e e e e e e e e e e e e e e e e e
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			•
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	<u> </u>
		(e) Italisiei Oi gii	•
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
II.			

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Em	oloyer identification number
		are Law Center			94-2959973
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	·		>	\$
		ganization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization unc	ler section 4955	>	\$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5 >	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				(/-\/o\
	art I-C Complete if the org	•		•	• • • • • • • • • • • • • • • • • • • •
	Enter the amount directly expended				\$
2	Enter the amount of the filing organ		· ·		
_	exempt function activities				\$
3	Total exempt function expenditures			•	Φ.
	line 17b	4400 POI familiaire and			⇒ Yes No
	Did the filing organization file Form Enter the names, addresses and er				
5	made payments. For each organiza			-	
	contributions received that were pr	•			·
	political action committee (PAC). If				g g
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(2)	(2,7 133. 333	(5, 2)	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 or 990-EZ) 2013

Part II-A Complete if the org			n 501(c)(3) and fil		939913 Page 2
(election under sec		iipt uiidei sectio		eu i 01111 3700	
	ation belongs to an affil	iated group (and list in	Part IV each affiliated	l group member's nam	e address FIN
• •	re of excess lobbying		Traitiv saorramatoa	group mombor o nam	o, address, 2114,
	ation checked box A ar	• •	visions apply.		
Limi	ts on Lobbying Exper	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grass roots lobbying)			
b Total lobbying expenditures to infl				6,280.	
c Total lobbying expenditures (add I				6,280.	
d Other exempt purpose expenditur	424,264.				
Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d)			430,544.		
f Lobbying nontaxable amount. Ent				86,109.	
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			21,527.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero	0.				
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
	4-Year Ave	raging Period Under	Section 501(h)		
, -	zations that made a s	• •	·	•	
cc	olumns below. See the			age 4.)	
	Lobbying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	45,118.	61,769.	71,474.	86,109.	264,470.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					396,705.
c Total lobbying expenditures	724.	3,115.	43.	6,280.	10,162.
				-	-
d Grassroots nontaxable amount	11,280.	15,442.	17,869.	21,527.	66,118.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					99,177.
	l				I

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 Child Care Law Center 94-295997 | 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)).

Yes 501(c)(5)	No	Amo	bunt
501(c)(5)	i), or sec	otion	
501(c)(5)), or sec	otion	
501(c)(5)), or sec	otion	
501(c)(5)), or sec	otion	
501(c)(5)	i), or sec	otion	
501(c)(5)	i), or sec	otion	
501(c)(5)	i), or sec	otion	
501(c)(5)), or sec	otion	
501(c)(5)), or sec	otion	
501(c)(5)	i), or sec	otion	
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501(c)(5)), or sec	ction	
501(c)(5)), or sec	ction	
501(c)(5)), or sec	ction	
501(c)(5)), or sec	ction	
		Clion	
		Yes	No
	1		
	. 2		
	1		
	2a		
	4		
	. 5		
ical		4 5	3

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public Inspection

Name of the organization

Child Care Law Center

Employer identification number 94-2959973

Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, li	ine 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization'	-	
6	Did the organization inform all grantees, donors, and donor		
•	for charitable purposes and not for the benefit of the donor		
Pa	irt II Conservation Easements. Complete if the o		
1	i		
•	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	1 100017411011 01 4 001111	The The Structure
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form o	of a conservation easement on the last
_	day of the tax year.	amed concorvation contribution in the form of	or a conservation casement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
h			
	Number of conservation easements on a certified historic s		
d			
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r		
Ŭ	year	released, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation e	easement is located	
5	Does the organization have a written policy regarding the p		
Ŭ	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva		
9	include, if applicable, the text of the footnote to the organiz		
	conservation easements.	Lation 3 iniancial statements that describes t	The organization's accounting for
Pa	irt III Organizations Maintaining Collections	of Art. Historical Treasures. or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Forr		
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art
	historical treasures, or other similar assets held for public e		
	the text of the footnote to its financial statements that desc		ice of public convice, provide, in trait with,
h	If the organization elected, as permitted under SFAS 116 (A		and halance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition,	**	
	relating to these items:	saccation, or research in fulfillerance of pub	33, 1100, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical to	reasures or other similar assets for financial	
2	the following amounts required to be reported under SFAS		gairi, provide
-		, ,	• •
d	Revenues included in Form 990, Part VIII, line 1		
D	n maatta iiiliuutu iii i uiiii aau, Fail M		Ψ Ψ

		Collections of A		touis at T		- 11-	ou 0!!		· ·		ge Z
	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a s	ignificant	use of its	collection	items	3
	(check all that apply):										
а	Public exhibition	C			change progra						
b	Scholarly research	•	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	in how th	ney further t	the organizati	on's exe	mpt purp	ose in Pa	rt XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, or oth	er simila	r assets	_	_		
	to be sold to raise funds rather than to be ma								∐ Yes		No
Paı	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organization	on answered	"Yes" to	Form 990), Part IV,	line 9, or		
	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other as	sets not	tincluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
-	······································	aa 00p.010 10							Amount		
С	Beginning balance						1c		7 11110 01110		
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F	orm 990 Part X line	212						Yes		No
	If "Yes," explain the arrangement in Part XIII.										110
	t V Endowment Funds. Complete i										
		(a) Current year		rior year	(c) Two year			vears hack	(e) Four	vears h	nack
12	Beginning of year balance	•	(5)	nor year	(6) 1110 you	o buon	(u) 111100	youro buon	(C) r our	y our o k	Juon
	Contributions				+						
					+						
	Grants or scholarships				+						
е	Other expenditures for facilities										
	and programs				+						
	Administrative expenses				+						
g	End of year balance		<u></u>								
2	Provide the estimated percentage of the cur	rent year end baland	•	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the contaginati	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	he organi	zation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					. 3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) A	ccumulat	ed	(d) Book	value	!
		basis (investr	ment)	basis	(other)	de	preciation	1			
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			1	L5,457.		15,4	57.			0.
	Other						-				
	Add lines 1s through 1s. (Column (d) must e		V ool::	nn (D) linn	10(a))						Ο.

Schedule D (Form 990) 2013 Child Care	Law Center		94-2959973 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	1 212
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	l		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

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

Sche	edule D (Form 990) 2013 Child Care Law Center		94-2959973 P	age '
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

Part X, Line 2:

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

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by Child Care Law Center in their federal and state exempt organization tax returns are more likely than not to be sustained upon examination. Child Care Law Center's returns are

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013
Open to Public Inspection

Name of the organization

Child Care Law Center

Employer identification number 94-2959973

Form 990, Part I, Line 1, Description of Organization Mission:

affordable child care available to every family who needs it, with a

special focus on access to high-quality child care for low-income

families and on the providers who serve these families. For 30 years,

the Child Care Law Center has provided one-of-a-kind legal services to

ensure that high-quality child care is accessible to every child,

family and community in California. The Child Care Law Center is the

only organization in the country devoted exclusively to the complex

legal issues that affect child care. Its diverse substantive work

encompasses federal and state subsidies, regulation and licensing,

civil rights and disability, housing rights, and economic development

and planning. The Child Care Law Center is also uniquely positioned to

undertake innovative legal work on issues that affect the child care

field, such as public health law strategies to prevent obesity, and

modernization.

Form 990, Part III, Line 1, Description of Organization Mission: referrals, and litigate high-impact cases.

We envision a California where child care is a civil right, not a

benefit; where equal opportunity begins with equal access to safe and

healthy child care; and where parents can support their families

without sacrificing their children's well-being.

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

decision to compel Community Care Licensing to make its rules comply

with the Americans with Disabilities Act, so children can receive

life-saving prescriptions while in child care. We closely monitor the

impacts of new laws on our poorest families, to ensure that they are

not cut off from access to child care in light of increased funding

pressures. We protected child care subsidies for low-income parents

struggling to get back to work, by holding county human services

agencies accountable to the legal procedures they must follow.

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

All materials and publications are available at www.childcarelaw.org.

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

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

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

Explanation: At the beginning of every fiscal year we require each Board member to read, complete, and sign our written conflict of interest policy and if there are any conflicts, they are disclosed and managed by the Board according to the policy.

Form 990, Part VI, Section B, Line 15:

Explanation: The Board of Directors researched compensation levels of comparably-sized organizations providing comparable services in our geographic region. The Board then determined a reasonable range of compensation. Finally the Board reviewed and approved the amount of

Child Care Law Center	94-2959973	mber
compensation.		
Form 990, Part VI, Section C, Line 19:		
Explanation: We provide these documents on our website.	They are also	
listed on our organization's profile on Guidestar. The	documents are	
available upon request as well.		

TAXABLE YEAR **2013**

California Exempt Organization Annual Information Return

328941 11-14-13 FORM

199

Calendar Yea	r 2013 or fiscal year beginning (mm/dd/yyyy) 07/01,	/2013	3 , and ending (r	mm/dd/yyyy)	06	5/30/2014 .
	rganization Name		, , ,	California corpo		
CHILD	CARE LAW CENTER			1185	190)
Address (suite	room, or PMB no.)			FEIN		
445 CH	URCH STREET, 4TH FLOOR			94-2	959	9973
City	5	State	ZIP Code			
SAN FR	ANCISCO	CA	94114			
A First Ret	urn Yes X	No J If	exempt under R&TC Se	ection 23701d, has	he or	ganization
B Amende	d Information Return ● Yes X N		uring the year: (1) partic	cipated in any politic	al can	npaign,
	ion 4947(a)(1) trust Yes 🗶 N	Vo or	(2) attempted to influe	nce legislation or ar	ıy ball	ot measure,
D Final Info	rmation Return?	or	(3) made an election u	nder R&TC Section	2370	4.5
•	Dissolved • Surrendered (Withdrawn)	(re	elating to lobbying by p	ublic charities)?		● Yes X No
•	Merged/Reorganized Enter date: (mm/dd/yyyy)		"Yes," complete and atta			
E Check ac	counting method:	K Is	the organization exemp	ot under R&TC Sect	ion 23	3701g? ● Yes X No
(1)	」Cash (2) ∡ Accrual (3) ∟ Other	lf	"Yes," enter the gross re	eceipts from nonme	mber	
_	eturn filed?					
(1) ●			organization is exempt	under R&TC Sectio	n 237	01d and is
G Is this a	group filing for the subordinates/affiliates? $$ $$ $ullet$ $$ Yes $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	Vo ex	cclusively religious, edu	cational, or charitab	le, an	d is
	ttach a roster. See instructions		ipported primarily (50%			
	ganization in a group exemption?		neck box. No filing fee is			
If "Yes," \	vhat is the parent's name?		the organization a Limi			• Yes X No
			d the organization file F			- [] v []
	rganization have any changes in its activities, governing		port taxable income?			
	nt, articles of incorporation, or bylaws that have		the organization under			
	reported to the Franchise Tax Board? Yes X	NO IR	S audited in a prior yea	ır?		• Yes X No
	explain, and attach copies of revised documents. Complete Part I unless not required to file this form. See General	Instruction	one B and C			
Part I	1 Gross sales or receipts from other sources. From Side 2, Pa				1	681.00
	2 Gross dues and assessments from members and affiliates				2	
	3 Gross contributions, gifts, grants, and similar amounts recei	 wed		S™™ 1 •	3	450,209.00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 thr					130/2031 00
and	This line must be completed. If the result is less than \$50,0	•		•	4	450,890.00
Revenues	5 Cost of goods sold			00		
	6 Cost or other basis, and sales expenses of assets sold			00		
	7 Total costs. Add line 5 and line 6				7	00
	8 Total gross income. Subtract line 7 from line 4				8	450,890.00
	9 Total expenses and disbursements. From Side 2, Part II, line	40			9	430,544.00
Expenses	10 Excess of receipts over expenses and disbursements. Subtra	act line 9	from line 8	•	10	20,346.00
	11 Filing fee \$10 or \$25. See General Instruction F				11	N/A 00
Filing	12 Total payments				12	00
Fee	13 Penalties and Interest. See General Instruction J				13	00
166					14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtrac				15	00
	Under penalties of perjury, I declare that I have examined this return, including it is true, correct, and complete. Declaration of preparer (other than taxpayer) i	g accompar is based on	nying schedules and statem all information of which pre	nents, and to the best o eparer has any knowled	f my kr ge.	nowledge and belief,
Sign	Signature _	Title		Date		Telephone
Here	of officer	TRI	EASURER Date			● PTIN
	Preparer's		Date	Check if		. []
	Preparer's signature			self-employed		P01775198 ● FEIN
Paid	Firm's name (or yours, HARRINGTON CROTTO CDAC	T T D				
Preparer's	if self-		TMT 141 E ^			95-4557617 • Telephone
Use Only	employed) 234 EAST COLORADO BLVD. and address PASADENA, CA 91101	, ລປ.	тте мтэл			(626) 403-6801
		Pag instru	entions	•	1,.	'i
	May the FTB discuss this return with the preparer shown above? S	אוואווו אאכ		<u> </u>	Yes	No No

94-2959973

CHILD CARE LAW CENTER

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

328951	11-14-13

1 Gross sales or receipts from all business activities. See instructions 1 0 0											
3			1 Gross sales	or receipts from all bu	usiness activities. See	instructions			• 1		
Receipts 4 Gross regists 5 Gross troyallies 6 Gross amount received from sale of assets (See Instructions) 7 Other Income 7 Other Income 8 Gross amount received from sale of assets (See Instructions) 7 Other Income 9 Gross from the Subsequent 10 Disbursaments to for form embers 11 Compensation of officers, directors, and trustees SEE STATEMENT 3 11 91,600 . on 12 Other salaries and wages 11 Other Subsequent 11 Other Subsequent 11 Other Subsequent 12 Other salaries and wages 13 Interest 13 Interest 13 Interest 14 22,835 6. on 15 Gross from the Subsequent 15 Ronts 16 R			2 Interest						• 2		196.00
Section Sect			3 Dividends .						• 3		00
Comparison of the comparison	Receip	ots	4 Gross rents						• 4		00
7 Other income	from		5 Gross royalti	ies							00
8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 9 0.000	Other		6 Gross amou	nt received from sale	of assets (See Instru	ctions)			• 6		
8 Total gross sales or recepts from other sources. Add line 1 through line 7, Enter here and on Side 1, Part I, line 9	Source	es	7 Other incom	e			SEE STA	ATEMENT 2	• 7		
10 Disbursements to ror members SEE STATEMENT 3 1 91,600 . 00 12 Other salaries and wages 13 Interest 14 22,856 . 00 13 Interest 15 Ronts 14 22,856 . 00 16 Depreciation and depletion (See instructions) 16 Depreciation and depletion (See instructions) 17 Other Expenses and Disbursements 18 Depreciation and depletion (See instructions) 18 Depreciation 19 Depreciation			-	sales or receipts from	other sources. Add I	ine 1 through	line 7. Enter here and	on Side 1, Part I, line	1 8		681.00
11 Compensation of officers, directors, and trustees SEE STATEMENT 3 11 91,600 . 00 12 Other salaries and wages 13 Interest 13 22,856 . 00 14 Taxes 15 9,907 . 00 15 Rents 15 9,907 . 00 16 Depreciation and depiction (See instructions) 16 Depreciation and depiction (See instructions) 17 Other Expenses and disbursements SEE STATEMENT 4 17 114,728 . 00 17 Other Expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 430,544 . 00 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 430,544 . 00 19 September 1 171,504 .									• 9		00
12 Other salaries and wages 13 Interest 15 22,856.00			10 Disbursemen	nts to or for members	S						
Separate 13 Interest										_	
14 Taxes			12 Other salarie	s and wages					• 12		191,453.00
Disburse 15 9,907.00 16 16 16 16 16 17 114,728.00 17 114,728.00 18 10 14 14 14 14 15 15 15 15	Expen	ses							-		
16 Depreciation and depletion (See instructions) SEE STATEMENT 4 17 114,728.00 17 Other Expenses and Disbursements SEE STATEMENT 4 17 114,728.00 18 430,544.00 18 430,544.00 18 430,544.00 18 430,544.00 18 430,544.00 18 430,544.00 18 430,544.00 18 430,544.00 18 430,544.00 18 430,544.00 197,018. Assets	and		14 Taxes								
17 Other Expenses and Disbursements	Disbur	se-								_	9,907.00
18	ments		16 Depreciation	and depletion (See in	nstructions)						
Assets											
Assets											
1 Cash			L Balance S	Sheets		ning of taxab			End of ta	xable y	
2 Net accounts receivable				-	(a)		` '				` '
Net notes receivable							1/1,504.				197,018.
Inventories											
5 Federal and state government obligations ● 6 Investments in other bonds ● 7 Investments in stock ● 8 Mortgage loans ● 9 Other investments ● 10 a Depreciable assets 15,457. b Less accumulated depreciation (15,457.) 11 Land ● 12 Other assets STMT 5 13 Total assets 194,968. 14 Accounts payable 14,721. 15 Contributions, gifts, or grants payable ● 16 Bonds and notes payable ● 17 Mortgages payable ● 18 Other liabilities ● 19 Capital stock or principle fund ● 20 Paid-in or capital surplus. Attach reconciliation ● 21 Retained earnings or income fund 180,247. ● 22 Total liabilities and net worth 194,968. 226,035. Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 3 Excess of capital losses over capital gains ● 20,346. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
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12 Other assets STMT 5 23,464. 29,017. 13 Total assets 194,968. 226,035. 14 Accounts payable 14,721. 25,442. 15 Contributions, gifts, or grants payable				_	10,10	7 • /		15,1	57. /	_	
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Liabilities and net worth 14 Accounts payable											226 035.
14 Accounts payable							131,300				220,033.
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20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 20 , 346 • 7 Income recorded on books this year 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.										•	
21 Retained earnings or income fund				_						•	
22 Total liabilities and net worth 194,968. 226,035. Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 20,346. 7 Income recorded on books this year not included in this return. 2 Federal income tax • Deductions in this return not charged against book income this year 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • Total. Add line 7 and line 8 deducted in this return.							180,247.			•	200,593.
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return 6 Under the amount on Schedule L, line 13, column (d), is less than \$50,000. 7 Income recorded on books this year 8 Deductions in this return not charged against book income this year 9 Total. Add line 7 and line 8 deducted in this return 10 Net income per return.							194,968.				226,035.
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3 Excess of capital losses over capital gains						υ,346.	1				
4 Income not recorded on books this year							-			•	
5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.							-	-			
deducted in this return • 10 Net income per return.					•					•	
6 Total. Add line 1 through line 5						0 246					20 246
	b 10	ıtal. Ad	iu iine 1 through l	irie 5	4	0,340.	Subtract line 9 fi	orn line 6			40,340.

Form 199 Cash	Contributions of \$5000 or More Included on Part I, Line 3	St	atement 1
Contributor's Name	Contributor's Address	Date of Gift	Amount
Bernard E. & Alba Witkin Charitable Foundation	2740 Shasta Road Berkeley, CA 94708	06/30/14	10,000.
East Bay Community Foundation, Ruth Arnhold Endowment Fund	200 Frank H. Ogawa Plaza Oakland, CA 94612	06/30/14	5,000.
Heising-Simons Foundation	280 Second Street, Suite 240 Los Altos, CA 94022	06/30/14	75,000.
Legal Services Trust Fund of the State Bar of California	180 Howard Street San Francisco, CA 94105	06/30/14	164,525.
Alison & Robert Price Family Foundation	7979 Ivanhoe, Suite 520 La Jolla, CA 92037	06/30/14	5,000.
Van Loben Sels/RembeRock Foundation	131 Steuart Street, Suite 301 San Francisco, CA 94105	06/30/14	10,000.
Walter S. Johnson Foundation	505 Mongomery Street, Suite 620 San Francisco, CA 94111	06/30/14	10,000.
Total Included on Line 3		-	279,525.
Form 199	Other Income	St	atement 2
Description			Amount
Miscellaneous Income Training income			235. 250.
Total to Form 199, Part I	I, line 7		485.

Form 199 Compe	nsation of Officers,	Directors and Trustees	Statement 3
Name and Address		Title and Average Hrs Worked/Wk	Compensation
Stephen Texeira 445 Church Street, San Francisco, CA		Board Chair 1.00	0.
Daniel Stringer 445 Church Street, San Francisco, CA		Vice Chair 1.00	0.
Jorja Jackson 445 Church Street, San Francisco, CA		Secretary 1.00	0.
Daniel Newbold 445 Church Street, San Francisco, CA		Treasurer 1.00	0.
Brett Barley 445 Church Street, San Francisco, CA		Board Member 1.00	0.
Maureen Boyd 445 Church Street, San Francisco, CA		Board Member 1.00	0.
Ryan Bradley 445 Church Street, San Francisco, CA		Board Member 1.00	0.
Bradley Brownlow 445 Church Street, San Francisco, CA		Board Member 1.00	0.
Shawnine EaglinMwe 445 Church Street, San Francisco, CA	4th Floor	Board Member 1.00	0.
Fernando Gaytan 445 Church Street, San Francisco, CA		Board Member 1.00	0.
Paola Laverde 445 Church Street, San Francisco, CA		Board Member 1.00	0.

Child Care Law Center			94-2959973
John Uselman 445 Church Street, 4th Floor San Francisco, CA 94114		Board Member 1.00	0.
Kim Kruckel 445 Church Street, 4th Floor San Francisco, CA 94114		Executive Director 40.00	91,600.
Total to Form 199, Part II, line	11		91,600.
Form 199	Other	Expenses	Statement 4
Description			Amount
Subcontract expenses Library Trainings Dues and Subscriptions Other employee benefits Accounting fees Other professional fees Office expenses Travel Insurance All other expenses Total to Form 199, Part II, line	17		8,220. 4,194. 3,651. 1,860. 25,873. 29,562. 18,235. 7,569. 9,895. 5,144. 525.
Form 199	Other	Assets	Statement 5
Description		Beg. of Year	End of Year
Pledges and Grants Receivable Prepaid Expenses and Deferred Cha	arges	19,844. 2,670. 950.	26,508. 1,559. 950.

Total to Form 199, Schedule L, line 12

23,464.

29,017.

Form 199 F	und Balances	Statement 6
Description	Beg. of Y	ear End of Year
Unrestricted Assets Temporarily Restricted Assets	-	408. 194,506. 839. 6,087.
Total to Form 199, Schedule L, lin	e 21 180,	247. 200,593.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.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, 311 and 312

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 as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 058834		Check if:					
		Change of address					
CHILD CARE LAW CENTER Name of Organization		Amended report					
445 CHURCH STREET, 4TH FLOOR Address (Number and Street)		Corporate o	or Organization No.	1185190			
SAN FRANCISCO, CA 94114 City or Town, State and ZIP Code		Federal Em	ployer I.D. No.	94-2959973			
ANNUAL REGISTRATION RENEWAL FEE S Make Check Payable to Att				07, 311 and 312)			
Gross Annual Revenue Fee Gross Annual I	Revenue	Fee	Gross Annual R	evenue	Fee	<u>e</u>	
	,001 and \$250,000 ,001 and \$1 million	\$50 \$75		0,001 and \$10 million 00,001 and \$50 million 0 million	\$15 \$22 \$30	25	
PART A - ACTIVITIES							
For your most recent full accounting period (beginning $\frac{07/01/2013}{1}$ ending $\frac{06/30/2014}{226,035}$) list:							
PART B - STATEMENTS REGARDING ORGANIZATION DURI	ING THE PERIOD OF	F THIS REI	PORT				
Note: If you answer "yes" to any of the questions below, yo and details for each "yes" response. Please review R	ou must attach a sep	parate she or informat	et providing an extion required.	xplanation			
During this reporting period, were there any contracts, loar				the organization	Yes	No	
and any officer, director or trustee thereof either directly or any financial interest?	•			•		х	
During this reporting period, was there any theft, embezzle or funds?	ment, diversion or mi	isuse of the	e organization's ch	aritable property		Х	
3. During this reporting period, did non-program expenditures	exceed 50% of gros	ss revenues	s?			Х	
 During this reporting period, were any organization funds u with the Internal Revenue Service, attach a copy. 	sed to pay any penal	llty, fine or j	udgment? If you f	iled a Form 4720		Х	
 During this reporting period, were the services of a comme If "yes," provide an attachment listing the name, address, a 				le purposes used?		х	
During this reporting period, did the organization receive at name of the agency, mailing address, contact person, and	, 0	ding? If so,	•	ment listing the TATEMENT 7	Х		
 During this reporting period, did the organization hold a raf the number of raffles and the date(s) they occurred. 	fle for charitable purp	ooses? If "y	es," provide an at	tachment indicating		Х	
Does the organization conduct a vehicle donation program operated by the charity or whether the organization contra			•			Х	
Did your organization have prepared an audited financial si principles for this reporting period?		nce with ge	nerally accepted a	accounting		х	
Organization's area code and telephone number (415) 558-	-8005						
Organization's e-mail address INFO@CHILDCARELAW.	ORG						
I declare under penalty of perjury that I have examined this report, incorrect and complete.	cluding accompanying (documents,	and to the best of n	ny knowledge and belief, i	t is tru	e,	
	EWBOLD	Title	REASURER	5-4-			
Signature of authorized officer Printed Name		i itie	U	Date			

Form RRF-1 Information Regarding Government Funding Statement 7 Part B, Line 6

City and County of San Francisco Dept. of Children and Families 1390 Market Street, Suite 900 San Francisco, CA 94102

Contact: Greg Rojas, Program Officer

Phone: (415) 554-8962

First 5 LA 750 North Alameda, Suite 300 Los Angeles, CA 90012 Contact: Stacy Lee Phone: (213) 482-7812