Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning JUL 1 , 2014, and ending JUN 30

OMB No. 1545-1878

Do not send to the IRS. Keep for your records. Department of the Treasury ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo Internal Revenue Service Employer identification number Name of exempt organization 94-2959973 Child Care Law Center Name and title of officer Daniel Newbold Board Treasurer Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ►X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 459, 525. 2a Form 990-F7 check here b Total revenue, if any (Form 990-EZ, line 9) 2b b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here ▶ **Declaration and Signature Authorization of Officer** Part II Under penalties of periury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X Lauthorize Harrington Group, CPAs, LLP Enter five numbers, but do not enter all zeros as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Duniel & Nocoline **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 96187254321 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So Form **8879-EO**

$\begin{array}{c} \textbf{IRS e-file Signature Authorization} \\ \textbf{for an Exempt Organization} \\ \textbf{For calendar year 2014, or fiscal year beginning} \quad \underline{\textbf{JUL 1}} \quad \text{, 2014, and ending} \quad \underline{\textbf{JUN 30}} \quad \text{,20} \quad \underline{\textbf{15}} \\ \end{array}$

| Department of the Treasury | ▶ Do not send to the | e IRS. Keep for your records. | | 2011 |
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| Internal Revenue Service | ► Information about Form 8879-EO an | d its instructions is at www.irs.gov/fo | rm8879eo. | |
| Name of exempt organization | | - | Employer | identification number |
| | | | | |
| <u>Child Care La</u> | w Center | | 94-2 | 959973 |
| Name and title of officer | - | | | |
| Daniel_Newbol | | | | |
| Board Treasur | | | | |
| | Return and Return Information (Wi | ** | | |
| on line 1a, 2a, 3a, 4a, or 5 | n for which you are using this Form 8879-EC a, below, and the amount on that line for the ank (do not enter -0-). But, if you entered -0- o | return being filed with this form was bla | ank, then leave l | line 1b , 2b , 3b , 4b , or 5b , |
| 1a Form 990 check here | b Total revenue, if any (Form | 990, Part VIII, column (A), line 12) | 1h | 459,525. |
| 2a Form 990-EZ check he | , , , | orm 990-EZ, line 9) | | |
| 3a Form 1120-POL check | | 0-POL, line 22) | | |
| 4a Form 990-PF check he | | ent income (Form 990-PF, Part VI, line | | |
| 5a Form 8868 check here | | Part I, line 3c or Part II, line 8c) | - | |
| | • | , , , , , , , , , , , , , , , , , , , , | - | |
| Part II Declarat | ion and Signature Authorization o | f Officer | | |
| further declare that the an intermediate service provida) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected a organization's consent to the service provided that the selected is consent to the selected and the selected and the selected are selected as t | mpanying schedules and statements and to count in Part I above is the amount shown on ler, transmitter, or electronic return originator f receipt or reason for rejection of the transmipplicable, I authorize the U.S. Treasury and it institution account indicated in the tax prepartitution to debit the entry to this account. To an 2 business days prior to the payment (set c payment of taxes to receive confidential into personal identification number (PIN) as my selectronic funds withdrawal. | the copy of the organization's electron (ERO) to send the organization's returnission, (b) the reason for any delay in pits designated Financial Agent to initiate aration software for payment of the organization that a payment, I must contact the tlement) date. I also authorize the finant formation necessary to answer inquirie | nic return. I cons rn to the IRS and processing the re e an electronic f ganization's fede e U.S. Treasury F ncial institutions es and resolve is | sent to allow my d to receive from the IRS eturn or refund, and (c) unds withdrawal (direct eral taxes owed on this financial Agent at involved in the sues related to the |
| Officer's PIN: check one | • | | | |
| X I authorize Ha | rrington Group, CPAs, I | LLP | to enter my | |
| | ERO firm na | ıme | | Enter five numbers, b do not enter all zeros |
| is being filed wit enter my PIN on | on the organization's tax year 2014 electronion a state agency(ies) regulating charities as puthe return's disclosure consent screen. | art of the IRS Fed/State program, I als | o authorize the | nat a copy of the return aforementioned ERO to |
| indicated within | he organization, I will enter my PIN as my sig this return that a copy of the return is being f iter my PIN on the return's disclosure conser | iled with a state agency(ies) regulating | | - |
| Officer's signature | | Date ▶ | | |
| | | | | |
| Part III Certifica | tion and Authentication | | | |
| | ur six-digit electronic filing identification your five-digit self-selected PIN. | 961872543 do not enter all z | | |
| • | neric entry is my PIN, which is my signature og g this return in accordance with the requirents s Returns. | - | • | |
| ERO's signature | | Date ▶ | | |
| | FDO M D-1-: Ti | | | |
| | Do Not Submit This Form To | nis Form - See Instructions the IRS Unless Requested To | Do So | |

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

Department of the Treasury

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

Open to Public Inspection

| B c | heck if | C Name of organization | | D Employer identifi | cation number | | | | |
|--------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|-------------------------------|--|--|--|--|
| | Addre | Child Care Law Center | | | | | | | |
| | _chang _Name _chang | | | 94-2 | 959973 | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | + | | | | | |
| | Final return | 115 Church Street 1th Floor | Troom, saite | · ' | (415) 558-8005 | | | | |
| | termin ated | | l | G Gross receipts \$ | 459,525. | | | | |
| | Ameno | | | H(a) Is this a group re | | | | | |
| | Applic | | | | ? Yes X No | | | | |
| | pendir | same as C above | | H(b) Are all subordinates in | | | | | |
| ΙT | ax-exe | empt status: $X = 501(c)(3)$ $= 501(c)($) $= (insert no.)$ $= 4947(a)(1)$ | or 527 | | list. (see instructions) | | | | |
| J۷ | Vebsit | e:▶ www.childcarelaw.org | | H(c) Group exemption | n number | | | | |
| K F | orm of | organization: X Corporation Trust Association Other | ∟ Year | of formation: 1985 | A State of legal domicile: CA | | | | |
| Pa | rt I | Summary | | | | | | | |
| е | 1 | Briefly describe the organization's mission or most significant activities: The | Child | Care Law Ce | nter is a | | | | |
| Activities & Governance | | public interest, nonprofit law firm that | works | s to make qu | ality, | | | | |
| erna | 2 | Check this box $lacktriangle$ if the organization discontinued its operations or dispo | sed of mor | e than 25% of its net as | | | | | |
| νοκ | | | | 3 | 15 | | | | |
| & G | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 15 | | | | |
| ies | | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | | | 5 | | | | |
| ivit | | Total number of volunteers (estimate if necessary) | | | 0 | | | | |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | ······ | | 0. | | | | |
| | | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Prior Year 450,209. | Current Year 456,809. | | | | |
| ıne | | Contributions and grants (Part VIII, line 1h) | | 250. | 430,009. | | | | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 196. | 681. | | | | |
| Re | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 235. | 2,035. | | | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 450,890. | 459,525. | | | | |
| | | 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 | | | | 331,782. | 337,866. | | | | |
| Expenses | 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) | | 0. | 0. | | | | |
| per | b | Total fundraising expenses (Part IX, column (D), line 25) 35, 9 | 06. | - | - | | | | |
| Ě | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 98,762. | 93,826. | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 430,544. | 431,692. | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 20,346. | 27,833. | | | | |
| ces | | | В | eginning of Current Year | End of Year | | | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 226,035. | 258,638. | | | | |
| t As nd B | 21 | Total liabilities (Part X, line 26) | | 25,442. | 30,212. | | | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 200,593. | 228,426. | | | | |
| | rt II | Signature Block | | | | | | | |
| | • | lties of perjury, I declare that I have examined this return, including accompanying schedule | | • | y knowledge and belief, it is | | | | |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of w | hich prepare | r has any knowledge. | | | | | |
| | | Signature of officer | | Date | | | | | |
| Sigr | | | | Date | | | | | |
| Her | е | Daniel Newbold, Board Treasurer Type or print name and title | | | | | | | |
| | | <u> </u> | 1 | Date Check | PTIN | | | | |
| Paid | I | Print/Type preparer's name Tonetta L. Conner, CPA Preparer's signature | | if | | | | | |
| | arer | Firm's name Harrington Group, CPAs, LLP | | self-employ Firm's EIN ▶ | 95-4557617 | | | | |
| | Only | Firm's address 234 East Colorado Blvd., Suite | M150 | I IIIII S EIIV |)) 4001011 | | | | |
| 230 | J, | Pasadena, CA 91101 | | Phone no (6 | 26) 403-6801 | | | | |
| Mav | the IF | RS discuss this return with the preparer shown above? (see instructions) | | 1. 110110 110. (0 | 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? Yes X No |
| | |
| _ | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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. |
| | (Code:) (Expenses \$ 267,310 • including grants of \$) (Revenue \$ |
| ·u | Technical Assistance, Policy Advocacy and Legislative Analysis to |
| | Attorneys and Advocates: |
| | Known as "experts in the laws that help low-income families get and |
| | keep quality child care," the Child Care Law Center supports legal |
| | services attorneys, advocates and child care professionals who seek |
| | greater child care opportunities for their clients and in communities. |
| | We keep advocates informed about changing child care laws, regulations, |
| | and policies, answer their questions about child care law, conduct |
| | trainings and fact sheets and co-counsel on impact cases. We are the |
| | only legal organization in the state devoted exclusively to the complex |
| | legal issues in child care. |
| | |
| 4b | (Code:) (Expenses \$ 41,000 • including grants of \$) (Revenue \$) |
| | Community Legal Education, Information and Referral Service: |
| | The Child Care Law Center helps parents and child care professionals |
| | with answers to questions about child care subsidies, including |
| | 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 \$ |
| | · · · · · · · · · · · · · · · · · · · |
| | |
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| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 308,310. |

Form 990 (2014) Child Care Law Center Part IV Checklist of Required Schedules

| | | | Yes | No |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 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, 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, | | 37 | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 | 44.1 | | х |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| ' | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11f | Х | |
| 120 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 111 | 21 | |
| ıza | | 12a | | х |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | ıza | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| - | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 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? | 20b | | |

Form 990 (2014) Child Care Law Center Part 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 | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | Х |
| 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 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 "Yes," | | | |
| | complete Schedule L, Part II | 26 | | Х |
| 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 | | | |
| | 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): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| 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 | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

Form 990 (2014) Child Care Law Center Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response of note to any line in this Part V | | | | | Ш |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|----------|-----|----|
| | | | 41 | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 1 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | | | | 37 | |
| | (gambling) winnings to prize winners? | I | | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | E | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 5 | | v | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | | 2b | X | |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | | | | | v |
| | | | | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | • | | | х |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | accoun | t)? | 4a | | Λ |
| D | If "Yes," enter the name of the foreign country: | | - (FDAD) | | | |
| E-0 | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Activities the arganization a partit to a prohibited tay shalter transaction at any time during the tay year? | | | E. | | Х |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a 5b | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | 21 |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | 5C | | |
| Va | | _ | | 6a | | Х |
| h | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions. | | | 0a | | |
| b | were not tax deductible? | | - | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | OD | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices nr | ovided to the payor? | 7a | | Х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| · | to file Form 8282? | - | | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | :? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control | | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | N/ | A |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | N/ | A |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | N/A | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots | | N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 N/A | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| | Gross income from members or shareholders N/A | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 11b | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | - 1 | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 37 / 3 | | | |
| 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 | ا .م | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| | Enter the amount of reserves on hand | 13c | | 44 | | v |
| | | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | <i></i> | | 14b | | |

Form 990 (2014)

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|---------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | 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. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 15 | <u> </u> | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | l |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | l |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Λ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | ١ | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Λ | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 40- | Х | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 40- | Х | |
| 12 | in Schedule O how this was done Did the exemptation have a written whictleblower policy? | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 14 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 25 | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 150 | Х | |
| | Other officers or key employees of the organization | 15a 15b | X | |
| b | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 130 | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| ioa | taxable entity during the year? | 16a | | х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 104 | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶CA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availah | ole | |
| | for public inspection. Indicate how you made these available. Check all that apply. | ,,,, | - | |
| | X Own website X Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finan | cial | |
| - | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | Kim Kruckel - Executive Director - (415) 558-8005 | | | |
| | 445 Church Street 4th Floor San Francisco CA 94114 | | | |

Form 990 (2014)

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.

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

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

| (A) | (B) | l | | ((| | про | 1001 | (D) | (E) | (F) |
|-----------------------|------------------------------------------------------|--------------------------------|-----------------------|----------------|---------------|---------------------------------|--------|------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|
| Name and Title | Average | (do | not c | Pos heck | ition more | than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson i | is bot or/trus | h an | compensation | compensation | amount of |
| | week (list any hours for related organizations below | Individual trustee or director | Institutional trustee | ser | Key employee | Highest compensated employee | ner | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| | line) | ib | Inst | Officer | Key | High | Former | | | |
| (1) Daniel Stringer | 1.00 | ,, | | ,, | | | | | 0 | 0 |
| Board Chair | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (2) Maureen Boyd | 1.00 | ,, | | ,, | | | | | • | 0 |
| Secretary | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (3) Daniel Newbold | 1.00 | ,, | | ,, | | | | | 0 | 0 |
| Treasurer | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (4) Brett Barley | 1.00 | | | | | | | | | • |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (5) Ryan Bradley | 1.00 | | | | | | | | | • |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (6) Bradley Brownlow | 1.00 | | | | | | | | | • |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (7) Fernando Gaytan | 1.00 | | | | | | | | | • |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (8) Amanda Hines Gold | 1.00 | ,, | | | | | | | • | 0 |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (9) Lisa Holder | 1.00 | | | | | | | | | • |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (10) Jorja Jackson | 1.00 | | | | | | | | | • |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (11) Paola Laverde | 1.00 | | | | | | | | | • |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (12) Norma Ming | 1.00 | ,, | | | | | | | • | 0 |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (13) Moony Tong | 1.00 | ٠,, | | | | | | | 0 | 0 |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (14) John Uselman | 1.00 | ٠,, | | | | | | | 0 | 0 |
| Board Member | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (15) Yating Wong | 1.00 | Ι,, | | | | | | | 0 | 0 |
| Board Member | 40 00 | Х | _ | | _ | _ | _ | 0. | 0. | 0. |
| (16) Kim Kruckel | 40.00 | 1 | | \ _V | | | | 02 542 | _ | 6 527 |
| Executive Director | | _ | _ | Х | _ | _ | _ | 83,542. | 0. | 6,537. |
| | | ł | | | | | | | | |
| | | | | | | | | | | - 000 |

| Part VII Section A. Off | ficers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ighe | st C | Compensated Employe | es (continued) | | | | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|---------------------------------|-----------------------|-------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------|-------------------|------------------------------------------------------------------|-----------------------------|
| (A) Name and | | (B) Average hours per week (list any hours for related organizations below line) | tee or director objection | not c | Pos heck ss pe | ition more rson irecto | | one h an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from relate organization (W-2/1099-MI | on d ns | com fr orga | (F) timate nount o other pensat om the anizati d relate anizatio | of tion e on ed |
| | | | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | 83,542. | | 0. | | 6,53 | |
| c Total from continua d Total (add lines 1b a 2 Total number of indiv compensation from t | and 1c)viduals (including but n | | | | | | | <u> </u> | 83,542. eceived more than \$100 | 0,000 of reportab | 0. 0. ole | | 6 , 5 . Yes | 0. 37. No |
| line 1a? If "Yes," con For any individual list and related organiza Did any person listed | nplete Schedule J for sted on line 1a, is the suitions greater than \$15d on line 1a receive or a unization? If "Yes," com | uch individual um of reportab 0,000? If "Yes, accrue compe | le co " <i>coi</i> nsati | ompe mple | ensa ete S rom | atior Sche | n and edule unr | d otl e <i>J f</i> elat | highest compensated e her compensation from for such individual ted organization or indiv | the organization | | 3 4 5 | | X X |
| | | the calendar y | ear e | | ng v | | | | that received more than n the organization's tax (B) Description of s | year. | | (C | | 1 |
| | | | | | | | | | | | | | | |
| | ependent contractors (insation from the organi | | ot lir | mite | d to | tho (| se li: | stec | d above) who received m | nore than | | | 000 (0 | |

Form 990 (2014) Child Care Law Center
Part VIII Statement of Revenue

| | | Check if Schedule O cont | ains a response | or note to any lin | e in this Part VIII | | | <u></u> |
|--------------------------------------------------------|------|-----------------------------------------|------------------|----------------------|-----------------------------|----------------------------------------|-----------------------------------------|----------------------------------------------------|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| nts nts | 1 a | Federated campaigns | 1a | | | | | |
| our Par | | Membership dues | | | | | | |
| S, G | | Fundraising events | | | | | | |
| ar j | | Related organizations | | | | | | |
| ini. | е | Government grants (contribut | ions) 1e | 252,881. | | | | |
| tion | f | All other contributions, gifts, gran | ts, and | | | | | |
| the | | similar amounts not included above | ve 1f | 203,928. | | | | |
| d d | g | Noncash contributions included in lines | 1a-1f: \$ | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add lines 1a-1f | | > | 456,809. | | | |
| | | | | Business Code | | | | |
| မွ | 2 a | | | | | | | |
| e Ž | b | | | | | | | |
| Program Service Revenue | С | | | | | | | |
| eve eve | d | | | | | | | |
| lgo H | е | | | | | | | |
| ٦ ـ | f | All other program service reve | nue | | | | | |
| | g | Total. Add lines 2a-2f | | > | | | | |
| | 3 | Investment income (including | dividends, inter | est, and | | | | |
| | | other similar amounts) | | ▶ | 681. | | | 681. |
| | 4 | Income from investment of tax | x-exempt bond p | oroceeds > | | | | |
| | 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) | | | | | | |
| anı | 8 a | Gross income from fundraising | g events (not | | | | | |
| | | including \$ | of | | | | | |
| ě | | contributions reported on line | | | | | | |
| Other Rever | | Part IV, line 18 | a | | | | | |
| Ĕ | b | Less: direct expenses | b | | | | | |
| ١ | С | Net income or (loss) from fund | draising events | <u></u> | | | | |
| | 9 a | Gross income from gaming ac | tivities. See | | | | | |
| | | Part IV, line 19 | a | | | | | |
| | b | Less: direct expenses | b | | | | | |
| | С | Net income or (loss) from gam | ing activities | | | | | |
| | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances | a | | | | | |
| | b | Less: cost of goods sold | b | | | | | |
| | С | Net income or (loss) from sale | s of inventory | | | | | |
| | | Miscellaneous Revenu | е | Business Code | | | | |
| | 11 a | Other income | | 900099 | 2,035. | | | 2,035. |
| | b | | | | | | | |
| | С | | | | | | | |
| | | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | > | 2,035. | | | |
| | 12 | Total revenue. See instructions. | | ▶ [| 459,525. | 0. | 0 . | 2,716. |

Form 990 (2014) Child Care Law Center Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) | organizations must com | plete all columns. All other | organizations must con | nplete column (A). |
|---------------------------------|------------------------|------------------------------|------------------------|--------------------|
| | | | | |

| | Check if Schedule O contains a respons 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 domestic organizations | | | · | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 00 070 | 67 701 | 15 166 | 7 100 |
| | trustees, and key employees | 90,079. | 67,791. | 15,166. | 7,122. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 212 064 | 150 150 | 27 514 | 17 200 |
| 7 | Other salaries and wages | 213,064. | 158,152. | 37,514. | 17,398. |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 11,339. | 9,908. | 648. | 783. |
| 9 | Other employee benefits | 23,384. | 17,391. | 4,098. | 1,895. |
| 10 | Payroll taxes | 23,304. | 11,391. | 4,090. | 1,093 |
| 11 | Fees for services (non-employees): | | | | |
| | Management | | | | |
| | Legal | 25,256. | 13,891. | 11,365. | |
| | Accounting | 25,250. | 13,051. | 11,303. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | column (A) amount, list line 11g expenses on Sch 0.) | 17,634. | 9,666. | 2,845. | 5,123. |
| 12 | Advertising and promotion | 17,031. | 3,000. | 2,013. | 3,123 |
| 13 | Office expenses | 14,466. | 5,625. | 7,194. | 1,647. |
| 14 | Information technology | 21,1001 | 3,0230 | 7,72324 | 2,027 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 9,766. | 7,121. | 1,991. | 654. |
| 17 | Travel | 8,810. | 5,803. | 2,710. | 297. |
| 18 | Payments of travel or entertainment expenses | 7,000 | ,,,,,, | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 4,733. | 3,125. | 1,242. | 366. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | _ | | |
| а | Library | 5,259. | 3,895. | 899. | 465. |
| b | Dues and Subscriptions | 2,748. | 1,215. | 1,417. | 116. |
| С | Subcontract expenses | 2,503. | 2,503. | | |
| d | Trainings | 1,866. | 1,762. | 104. | |
| е | All other expenses | 785. | 462. | 283. | 40. |
| 25 | Total functional expenses. Add lines 1 through 24e | 431,692. | 308,310. | 87,476. | 35,906 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| ı aı | ιΛ | Dalance Sheet | | | | | |
|---------------|----------|------------------------------------------------------|----------|---------------------|--------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or not | e to any | line in this Part X | | | Ш |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 94. | 1 | 147,351. |
| | 2 | Savings and temporary cash investments | | | 196,924. | 2 | 93,155. |
| | 3 | Pledges and grants receivable, net | | | 26,508. | 3 | 7,317. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensation | ated emp | oloyees. 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 | | | | | |
| ω | | employees' beneficiary organizations (see instr). | | · | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| As | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 1,559. | 9 | 9,865. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | - |
| | | basis. Complete Part VI of Schedule D | 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 | | | 226,035. | 16 | 258,638. |
| | 17 | Accounts payable and accrued expenses | | | 25,442. | 17 | 30,212. |
| | 18 | Grants payable | , | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| S | 22 | Loans and other payables to current and former | | | | | |
| Liabilities | | key employees, highest compensated employee | | | | | |
| lige | | Complete Part II of Schedule L | | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | - | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | Schedule D | - | • | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 25,442. | 26 | 30,212. |
| | | Organizations that follow SFAS 117 (ASC 958 | | | | | |
| S | | complete lines 27 through 29, and lines 33 an | | , i | | | |
| nce | 27 | Unrestricted net assets | | | 194,506. | 27 | 169,010. |
| Fund Balances | 28 | Temporarily restricted net assets | | | 6,087. | 28 | 59,416. |
| d B | 29 | | | | - | 29 | |
| <u>:</u> | | Organizations that do not follow SFAS 117 (A | | | | | |
| | | and complete lines 30 through 34. | | , | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| ž | 33 | Total net assets or fund balances | | | 200,593. | 33 | 228,426. |
| | 34 | Total liabilities and net assets/fund balances | | | 226,035. | 34 | 258,638. |
| | <u> </u> | | | | . , | | , |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------|------------|----|-----|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u> 25.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 92. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 33. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 20 | 0,5 | 93. |
| 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 | 22 | 8,4 | 26. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e 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 | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain 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? | | За | | 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 | | |

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Child Care Law Center

Employer identification number 94-2959973

| Pa | rt I | Reason for Public (| Charity Status (| All organizations must co | omplete th | is part.) Se | ee instructions. | | |
|----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------|---------------------------------------|--------------------------------------|------------------|-----------------------------|------------------------|--|
| he o | e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) | | | | | | | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) | | | | | | | |
| 3 | | A hospital or a cooperative | | · · · · · · · · · · · · · · · · · · · | ection 170 | (b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organiz | | | | | | the hospital's name. | |
| | | city, and state: | • | | | | | • | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owner | d or opera | ted by a g | overnmental unit describ | ped in | |
| _ | | section 170(b)(1)(A)(iv). (C | | , | • | , 3 | | | |
| 6 | | A federal, state, or local gov | - | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| | X | An organization that norma | - | | | | | nublic described in | |
| • | | section 170(b)(1)(A)(vi). (Co | • | artial part of its support | rom a gov | ommonta | unit of from the general | pablic accorded in | |
| 8 | | A community trust describe | • | (1)(A)(vi) (Complete Par | + II \ | | | | |
| 9 | | An organization that norma | | | | contribution | one mambarehin faas a | nd gross receipts from | |
| 9 | | activities related to its exen | • | • | - | | | - | |
| | | | • | · | | | | - | |
| | | income and unrelated busin See section 509(a)(2). (Cor | | (less section of reak) if | om busine | sses acqu | illed by the organization | arter durie 30, 1973. | |
| 10 | | An organization organized a | . , | ively to toot for public or | ofaty Can | naction EC |)(/a)/4) | | |
| 11 | H | | • | • | • | | | nurnages of one or | |
| • • | | An organization organized a more publicly supported organization | · · | • | • | | • | | |
| | | | • | | | | | FIECK THE DOX III | |
| _ | | lines 11a through 11d that | • • | | | • | , , | r airrin a | |
| а | | Type I. A supporting orga | | • | | | | | |
| | | the supported organization | | | a majority (| or the alree | ctors or trustees of the s | supporting | |
| | | organization. You must o | • | | 4: · · · · · · · · · · · · · · · · · | | | | |
| D | | Type II. A supporting orga | · · | | | | | - | |
| | | control or management o | | | ame perso | ons that co | ontrol or manage the sup | рропеа | |
| | | organization(s). You mus | - · | | | ula a sa dula sa | | 1241- | |
| С | | Type III functionally inte | - | | | | • • | ea with, | |
| | | its supported organization | | · · | | | | (-) | |
| a | | Type III non-functionally | | | | | | | |
| | | that is not functionally int | - | • | - | | - | iveness | |
| | | requirement (see instructi | · | - | | | | | |
| е | | Check this box if the orga | | | | | i Type i, Type ii, Type iii | | |
| _ | | functionally integrated, or | | | | | | | |
| Т | | r the number of supported o | | | | | | | |
| 9 | | ride the following information Name of supported | i about the supporte | | (iv) Is the o | rganization | (v) Amount of monetary | (vi) Amount of | |
| | , | organization | (-7 | (described on lines 1-9 | listed i | n your | support (see | other support (see | |
| | | | | above or IRC section | governing of Yes | No No | Instructions) | Instructions) | |
| | | | | (see instructions)) | 103 | 110 | | | |
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| - Ota | | | | | | | | | |

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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 254,826. | 399,077. | 237,124. | 450,209. | 456,809. | 1,798,045. |
| 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 | 254 926 | 200 077 | 227 124 | 450 200 | 456 000 | 1 500 045 |
| | Total. Add lines 1 through 3 | 254,826. | 399,077. | 237,124. | 450,209. | 456,809. | 1,798,045. |
| 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, | | | | | | 354,499. |
| 6 | column (f) | | | | | | 1,443,546. |
| | Public support. Subtract line 5 from line 4. | | | | | | 1,445,540. |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | Amounts from line 4 | 254,826. | 399,077. | 237,124. | 450,209. | 456,809. | 1,798,045. |
| | Gross income from interest, | 231,3231 | 333,0110 | 207,2210 | 130,200 | 100,000 | 2,750,020. |
| ٠ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | 12. | | 196. | 681. | 889. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 23. | 2,536. | 65,671. | 235. | 2,035. | 70,500. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,869,434. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 101,381. |
| 13 | First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| _ | organization, check this box and stor | here | | | | | <u></u> |
| | ction C. Computation of Publ | | | | | | 77 00 |
| 14 | Public support percentage for 2014 (| | | | | 14 | 77.22 % |
| 15 | Public support percentage from 2013 | | | | | 15 | 80.19 % |
| 16a | 33 1/3% support test - 2014. If the c | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| D | 33 1/3% support test - 2013. If the condition have | | | | | | |
| 47- | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fact | | | | | - | |
| h | meets the "facts-and-circumstances" 10% -facts-and-circumstances tes | | | | | | |
| N | more, and if the organization meets the | _ | | | | | |
| | organization meets the "facts-and-circ | | • | | • | | |
| 18 | Private foundation. If the organization | | ū | • | , | | |

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 | now, piedee com | proto r ure m. | | | | |
|------|--------------------------------------------------------------------------------------|-------------------|----------------------|------------------------|--------------------|----------------------|------------------|
| | endar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🖊 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | 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 VI.) | | | | | | |
| 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 | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organi: | zation, |
| | check this box and stop here | | | | | | _ |
| | ction C. Computation of Publi | | | | | 1 1 | |
| | Public support percentage for 2014 (li | | | | | 15 | <u>%</u> |
| | Public support percentage from 2013 | | | | | 16 | <u>%</u> |
| | ction D. Computation of Inves | | | | | 14-1 | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from 2 | | | | | 18 | % 17 is not |
| 198 | a 33 1/3% support tests - 2014. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| k | 33 1/3% support tests - 2013. If the | • | | | • | • | |
| 20 | line 18 is not more than 33 1/3%, che Private foundation. If the organization | | | | | | ······· [|

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-------------|-------|------|
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| Has the organization accepted a gift or contribution from any of the following persons? 1 Has the organization accepted a gift or contribution from any of the following persons? 2 A person with directly crinticely controls, either alone or together with persons described in (b) and (c) bulkw, the governing body of a supported organization? 3 A person with directly or person described in (a) above? 4 The body of the supporting Organizations 5 Section B. Type I Supporting Organizations 5 Ves No. 5 Section B. Type I Supporting Organizations 1 Did the directlors, frustless, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directively operated, supervised, or controlled the organization and what conditions is the experimental or floreship of electrical potentials, supervised, or controlled the organization and what conditions is the organization bulk more than the supported organizations floreship organizations are an advant condition or evaluation, and supported organizations organizations are advant conditions or evaluations, and supported organizations or the supported organization of the supported organization of the supported organization of the supported organization organization or evaluations, and supported organization of the support | | | 3331 | J F | age 3 |
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| 11 Has the organization accepted a gift or contribution from any of the following persons? A person with directly or indirectly controls, either allowe of together with persons described in (b) and (c) below, the gowering body of a supported organization? A 25% controlled entity of a person described in (a) or (b) above? A 25% controlled entity of a person described in (a) or (b) above? Dit the directors, mustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax yea? If "No," describe in P _{part VI} how the supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization of the than the supported organization and what conditions or estrictions, all may applied to such powers during frust (a) the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the thin the supported organization of the thin the supported organization of the organization organization organization organization organization organization organization organization | ı a | rt IV Supporting Organizations _(continued) | | V | Na |
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| those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | а | | | | |
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| that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | and disposited organizations and explain | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | 22 | | |
| of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | h | · | Za | | |
| reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | D | | | | |
| activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | · · · · · · · · · · · · · · · · · · · | | | |
| Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | 2h | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i>. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 2 | | ZU | | |
| trustees of each of the supported organizations? Provide details in <i>Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | а | | 32 | | |
| | h | · · · · · · · · · · · · · · · · · · · | Ja | | |
| | | | 3b | | |

| | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | ng Orga | nizations | i ago c |
|------|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust or | Nov. 20, 1970. See instru | ıctions. All |
| | other Type III non-functionally integrated supporting organizations must c | omplete S | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | Discount claimed for blockage or other | III I | | |
| · | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | + *+ | | |
| 7 | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | ion C - Distributable Amount | 1 | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| _3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly-integra | ted Type III supporting org | anization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2014

| Par | ^{∕t V} │ Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|-------|----------------------------------------------------------------------|-------------------------------|-----------------------------------|----------------------------------|
| Secti | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | ns | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | 9 | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Secti | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2014 | Distributable Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | |
| а | , , , | | | |
| b | | | | |
| С | | | | |
| d | | | | |
| е | From 2013 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| | Carryover from 2009 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| | line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2014 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | Excess from 2013 | | | |
| е | Excess from 2014 | | | |

Schedule A (Form 990 or 990-EZ) 2014

| Schedule A | (Form 990 or 990-EZ) 2014 CITTA CATE LAW CEITCET | 34-4333313 Page 8 |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Also complete this part for any additional information. (See instructions). | |
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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

Organization type (check one):

Employer identification number

Child Care Law Center 94-2959973

| _ | ' | | | | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 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 | | | | |
| Check if | your organization is | covered by the General Rule or a Special Rule . | | | | |
| Note. On | lly a section 501(c)(7 | 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | |
| General | Rule | | | | | |
| | | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | |
| Special I | Rules | | | | | |
| | sections 509(a)(1) a any one contributor | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from a during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II. | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| | year, contributions is checked, enter he purpose. Do not co | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year | | | | |
| but it mu | st answer "No" on I | at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | |

Child Care Law Center

94-2959973

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | Il 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 | | Person X |
| | P.O. Box 7190 | \$10,000 . | Payroll Noncash |
| | Berkeley, CA 94707 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Heising-Simons Foundation | | Person X Payroll |
| | 400 Main Street, Suite 200 | \$ 75,000. | Noncash |
| | Los Altos, CA 94022 | | (Complete Part II for noncash contributions.) |
| (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 | | Person X |
| | 180 Howard Street | \$ 169,043. | Payroll Noncash |
| | San Francisco, CA 94105 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Van Loben Sels/RembeRock Foundation | | Person X |
| | 131 Steuart Street, Suite 301 | \$ 10,000. | Payroll Noncash |
| | San Francisco, CA 94105 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | The San Francisco Foundation | | Person X |
| | One Embarcadero Center, Suite 1400 | \$\$ | Payroll Noncash |
| | San Francisco, CA 94111 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | Trio Foundation | | Person X |
| | 1563 Solano Avenue, Suite 174 | \$10,000. | Payroll Noncash |
| | Berkeley, CA 94707 | | (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

Child Care Law Center 94-2959973

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | City and County of San Francisco 1390 Market Street, Suite 900 San Francisco, CA 94102 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | First 5 Los Angeles 750 North Alameda, Suite 300 Los Angeles, CA 90012 | \$83,638. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | Orinda, CA 94563 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

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 | | | |
| | | \$ | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number

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|-----------------|----|----|----------|-----|----------|-----|
| Cn. | ΙТ | a. | care | Law | cen | τei |

94-2959973

| art III | Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou | ributions to organizations describe columns (a) through (e) and the follo | ed in section 501(c)(7), (8), or (10) that total more than \$1,000 following line entry. For organizations |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| | Use duplicate copies of Part III if addition | al space is needed. | or less for the year. (Enter this into, once.) |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferrado nomo addresa | (e) Transfer of gi | |
| - | Transferee's name, address, a | 10 ZIF + 4 | Relationship of transferor to transferee |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | (a) Turnsfou of m | |
| | Transferee's name, address, a | (e) Transfer of gi | Relationship of transferor to transferee |
| - | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - . | | | |
| | | (e) Transfer of gi | yift |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| - | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | | |
| - | | (e) Transfer of gi | gift |
| | Transferee's name, address, a | | Relationship of transferor to transferee |
| | | | |
| | | | |

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.

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

OMB No. 1545-0047
2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| - | Continue 501 (a) (A) (F) and (C) agreeming | tioner Complete Bort III | | | |
|-----|------------------------------------------------------------------------|---------------------------------------|--------------------------|--------------------------------------------|----------------------------------------------------|
| | Section 501(c)(4), (5), or (6) organization | tions: Complete Part III. | | Fmpl | oyer identification number |
| 110 | 3 | are Law Center | | p. | 94-2959973 |
| Pa | | anization is exempt unde | er section 501(c) | or is a section 527 o | |
| | | | | | <u> </u> |
| 1 | Provide a description of the organiz | ration's direct and indirect politica | l campaign activities in | n Part IV. | |
| | Political expenditures | • | | | |
| | Volunteer hours | | | | |
| | | | | | |
| Pa | art I-B Complete if the org | janization is exempt unde | r section 501(c)(| 3). | |
| 1 | Enter the amount of any excise tax | incurred by the organization unde | r section 4955 | ▶\$ | |
| 2 | Enter the amount of any excise tax | incurred by organization manager | s under section 4955 | ▶\$ | |
| 3 | If the organization incurred a section | n 4955 tax, did it file Form 4720 fo | or this year? | | Yes No |
| 48 | a Was a correction made? | | | | Yes No |
| | If "Yes," describe in Part IV. | | | | () () |
| | · | janization is exempt unde | | <u> </u> | * * * * |
| | Enter the amount directly expended | | | | |
| 2 | Enter the amount of the filing organ | | - | | |
| | exempt function activities | | | | |
| 3 | Total exempt function expenditures | | , | | |
| | line 17b | | | | |
| | Did the filing organization file Form | • | | | |
| 5 | Enter the names, addresses and en | | | • | • • |
| | made payments. For each organiza contributions received that were pro- | · | | | · |
| | political action committee (PAC). If | | | • | ite segregated fund of a |
| | . , , | · · · · · · · · · · · · · · · · · · · | | | (a) Amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly |
| | | | | | delivered to a separate |
| | | | | | political organization. If none, enter -0 |
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------|---------------------------|----------------------------------------|------------------------------------|
| Schedule C (F | Form 990 or 990-EZ) 2014 Complete if the org section 501(h)). | ganization is exe | mpt under sectio | n 501(c)(3) and fil | 94- <i>2</i> ed Form 5768 (e | 959973 Page 2 lection under |
| A Check | if the filing organiza | re of excess lobbying | expenditures). | n Part IV each affiliated | group member's nam | e, address, EIN, |
| B Check ▶ | Limi | ts on Lobbying Expe | nd "limited control" pro nditures unts paid or incurred. | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) | | | | | 9,856. 9,856. | |
| d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | 421,836. 431,692. 86,338. | |
| If the an | nount on line 1e, column (a) or \$500,000 | or (b) is: The lob | bying nontaxable am the amount on line 1e | ount is: | , | |
| Over \$1 | 00,000 but not over \$1,00 ,000,000 but not over \$1,5 ,500,000 but not over \$17 | \$175,00 | 00 plus 15% of the exc 00 plus 10% of the exc 00 plus 5% of the exce | ess over \$1,000,000. | | |
| | 7,000,000 But not over \$17 | \$1,000, | _ • | 33 Over ψ1,300,000. | | |
| h Subtrac | oots nontaxable amount (er at line 1g from line 1a. If zer at line 1f from line 1c. If zer | o or less, enter -0- | | | 21,585. 0. | |
| j If there | is an amount other than ze g section 4911 tax for this | ero on either line 1h or | line 1i, did the organiz | ation file Form 4720 | | Yes No |
| | (Some organizations t | hat made a section 5 | eraging Period Under 01(h) election do not ate instructions for li | have to complete all | of the five columns b | elow. |
| | | Lobbying Exper | nditures During 4-Yea | ar Averaging Period | | |
| | Calendar year al year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| | ng nontaxable amount | 61,769. | 71,474. | 86,109. | 86,338. | 305,690. |
| b Lobbyir | ng ceiling amount | | | | | |

| | zessymig zxper | idital co Baring 1 Tot | a riveraging renea | | |
|---------------------------------------------------------------|-----------------|------------------------|--------------------|-----------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount | 61,769. | 71,474. | 86,109. | 86,338. | 305,690. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 458,535. |
| c Total lobbying expenditures | 3,115. | 43. | 6,280. | 9,856. | 19,294. |
| d Grassroots nontaxable amount | 15,442. | 17,869. | 21,527. | 21,585. | 76,423. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 114,635. |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 Child Care Law Center 94-2959973 Page 3 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)).

| or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description | (a | '' | (k | <i>-</i> , |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------|--------------|------------|
| f the lobbying activity. | Yes | No | Amo | ount |
| During the year, did the filing organization attempt to influence foreign, national, state or | | | | |
| local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| or referendum, through the use of: | | | | |
| a Volunteers? | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? | | | | |
| e Publications, or published or broadcast statements? | | | | |
| f Grants to other organizations for lobbying purposes? | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i Other activities? | | | | |
| j Total. Add lines 1c through 1i | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section | on 501(c) | (5) or se | ection | |
| 501(c)(6). | 011 00 1(0) | (0), 01 00 | | |
| | | | Yes | N |
| | | | | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| | | | | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501 (c) (d) | on 501(c) | 2 3 (5), or se | | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? | on 501(c) | 2 3 (5), or se | | ne 3, |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | on 501(c) I "No," OF | 2 3 (5), or se R (b) Par | | ne 3, |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | on 501(c) I "No," Of | 2 3 (5), or se R (b) Par | | ne 3, |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | on 501(c) I "No," Of | 2 3 (5), or se R (b) Par | | ne 3, |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Tomplete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | ion 501(c) I "No," OF | 2 3 (5), or se R (b) Par | | ne 3, |
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| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Tomplete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Trovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground) | ical | 2 3 (5), or se R (b) Par 1 2a 2b 2c 3 | t III-A, lir | ne 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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Child Care Law Center

Employer identification number 94-2959973

| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| | organization answered "Yes" to Form 990, Part IV, lin | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | | ed funds |
| | are the organization's property, subject to the organization's | - | |
| 6 | Did the organization inform all grantees, donors, and donor | | |
| | for charitable purposes and not for the benefit of the donor | | |
| | incompany to a Maria and the language of the control of the contro | | V N- |
| Pai | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | tion (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or | education) Preservation of a histo | rically important land area |
| | Protection of natural habitat | Preservation of a certif | |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qual | lified conservation contribution in the form o | of a conservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic st | tructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structu | re |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | | |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | asement is located > | |
| 5 | Does the organization have a written policy regarding the pe | eriodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements $% \left(x\right) =\left(x\right) +\left(x\right) +$ | it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , and enforcing conservation easements du | ıring the year ▶ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | I enforcing conservation easements during | the year ▶ \$ |
| 8 | Does each conservation easement reported on line 2(d) about | · · · · · · · · · · · · · · · · · · · | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservat | - | |
| | include, if applicable, the text of the footnote to the organization | ation's financial statements that describes t | he organization's accounting for |
| Da | conservation easements. | of Art Historical Transcrives or Ot | hay Cimilay Assats |
| Pai | t III Organizations Maintaining Collections of | | mer Similar Assets. |
| 4. | Complete if the organization answered "Yes" to Form | | and and balance about walls of air |
| та | If the organization elected, as permitted under SFAS 116 (A | | |
| | historical treasures, or other similar assets held for public ex | • | ice of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that described as asserted as | | and balance alread well-a of set biotocical |
| D | If the organization elected, as permitted under SFAS 116 (A | | |
| | treasures, or other similar assets held for public exhibition, e | education, or research in furtherance of pub | olic service, provide the following amounts |
| | relating to these items: | | L ¢ |
| | (i) Revenue included in Form 990, Part VIII, line 1 | | |
| 2 | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree | ogeuros, or other similar assets for financial | |
| 2 | the following amounts required to be reported under SFAS | | gain, provide |
| • | Revenue included in Form 990, Part VIII, line 1 | , , | > \$ |
| | Assets included in Form 990, Part X | | |

| Pai | rt III Organizations Maintaining Co | llections of A | rt, His | torical Tr | easures, | or Other | Similar A | ssets(continued) |
|----------|-------------------------------------------------------------------------------------|---------------------------------------------------|-----------|----------------|----------------|--------------|------------------------|-------------------------|
| 3 | Using the organization's acquisition, accession | n, and other record | ls, checl | k any of the | following that | at are a sig | nificant use o | f its collection items |
| | (check all that apply): | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progr | ams | | |
| b | Scholarly research | е | | Other | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's coll | ections and explai | n how th | ney further t | he organizat | ion's exem | pt purpose in | Part XIII. |
| 5 | During the year, did the organization solicit or | | | | | | | |
| | to be sold to raise funds rather than to be mair | | | | | | | Yes No |
| Pai | t IV Escrow and Custodial Arrang | | | | | | | |
| | reported an amount on Form 990, Part | | | Ü | | | , | , |
| 1a | Is the organization an agent, trustee, custodial | n or other intermed | diary for | contribution | ns or other as | sets not ir | ncluded | |
| | on Form 990, Part X? | | | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XIII ar | | | | | | | |
| | , 1 | | 3 | | | | | Amount |
| С | Beginning balance | | | | | | 1c | |
| | Additions during the year | | | | | | 1d | |
| | Distributions during the year | | | | | | 1e | |
| f | Ending balance | | | | | | 1f | |
| 2a | Did the organization include an amount on For | | | | | | | Yes No |
| | If "Yes," explain the arrangement in Part XIII. C | | | | | | , | |
| | rt V Endowment Funds. Complete if t | | | | | | | |
| | <u> </u> | (a) Current year | | rior year | (c) Two yea | | t) Three years b | ack (e) Four years back |
| 1a | Beginning of year balance | (4) | (~): | , | (5) | (| ., | |
| h | Contributions | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | |
| q | Grants or scholarships | | | | | | | |
| u Д | Other expenditures for facilities | | | | | | | |
| C | , ' | | | | | | | |
| | Administrative expenses | | | | | | | |
| ' | | | | | | | | |
| g | End of year balance | nt year and balanc | l lino 1 | a column (| a)) hold as: | | | |
| 2 | Board designated or quasi-endowment | in year end baland | % | g, coluitii (| ajj Helu as. | | | |
| a | Permanent endowment | % | | | | | | |
| b | Temporarily restricted endowment | | | | | | | |
| C | | % | | | | | | |
| 20 | The percentages in lines 2a, 2b, and 2c should | | ation the | at ara bald a | and administr | arad far th | o ovacnization | |
| Sa | Are there endowment funds not in the possess | sion of the organiz | ation the | at are rielu a | and administe | erea for the | e organization | 1. |
| | by: (i) unrelated organizations | | | | | | | Yes No |
| | () | | | | | | | 3a(i) |
| h | (ii) related organizations If "Yes" to 3a(ii), are the related organizations I | | | | | | | |
| D 4 | | | | | | | | 30 |
| Dai | Describe in Part XIII the intended uses of the crit VI Land, Buildings, and Equipme | | ownent | iurius. | | | | |
| ı aı | Complete if the organization answered | | Dort IV | lino 11a C | oo Form 000 | Dort V lie | 20.10 | |
| | · · · · · · · · · · · · · · · · · · · | | | | | <u> </u> | | (d) Deelevelve |
| | Description of property | (a) Cost or o basis (investr | | . , | t or other | | cumulated reciation | (d) Book value |
| | Land | ` ` | nont) | Dasis | (other) | uepr | ColatiOH | |
| | Land | | | | | | | |
| | Buildings | | | | | | | |
| | Leasehold improvements | | | 1 | 5,457. | | 15,457. | 0. |
| | Equipment | | | | , 45 / • | | 10,40/• | <u> </u> |
| | Other | | V - 1 | (D) " | 10-1 | | | 0. |
| Tota | I. Add lines 1a through 1e. (Column (d) must equ | uaı ⊦orm 990, Part | x, colur | nn (B), line 🖰 | ı uc.) | | | , 0. |

| Part VII | Investments - Other Securities. | | | | |
|--------------|-------------------------------------------------------------------|----------------------|----------------------------------|-----------------------------------|-------|
| (a) Decerin | Complete if the organization answered "Yes" | | | | |
| • • • | otion of security or category (including name of security) | (b) Book value | (c) Method of valuat | ion: Cost or end-of-year market v | value |
| | al derivatives | | | | |
| | -held equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| | Investments - Program Related. | | | | |
| | Complete if the organization answered "Yes" | | , line 11c. See Form 990, Part | X, line 13. | |
| - / / / | (a) Description of investment | (b) Book value | (c) Method of Valuat | ion: Cost or end-of-year market v | value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| | (h) must squal Form 000 Part V sol (P) line 12) | | | | |
| Part IX | b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. | | | | |
| T GIT IST | Complete if the organization answered "Yes" | to Form 990 Part IV | line 11d See Form 990 Part | X line 15 | |
| | | Description | , | (b) Book va | alue |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | , |
| (9) | | | | | |
| Total. (Colu | ımn (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 11e or 11f. See Form 990 | , Part X, line 25. | |
| 1. | (a) Description of liability | | (b) Book value | | |
| (1) Fed | deral income taxes | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) line | e 25.) ► | | | |
| | of for uncertain tax positions. In Part XIII, provide | | note to the organization's finan | cial 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

| Sche | edule D (Form 990) 2014 Child Care Law Center | | 94-29 | 59973 Page |
|------|----------------------------------------------------------------------------|----------------------|------------------|------------|
| | t XI Reconciliation of Revenue per Audited Financial S | tatements With Rever | | rage |
| | Complete if the organization answered "Yes" to Form 990, Part IV, | line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 459,525 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | | | |
| С | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | • | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 459,525 |
| 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 | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 459,525 |
| Pai | rt XII Reconciliation of Expenses per Audited Financial | Statements With Expe | enses per Return | • |
| | Complete if the organization answered "Yes" to Form 990, Part IV, | line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 431,692 |
| 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 | | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 431,692 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

5 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:

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

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

4c

431,692.

| Schedule D | (Form 990) 2014 Supplemental Information | Child Car | e Law | Center | 94-2959973 | Page 5 |
|------------|-------------------------------------------|--------------------|-------|--------|------------|--------|
| Part XIII | Supplemental Infor | rmation (continued |) | | | |
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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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Child Care Law Center

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

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

with legal expertise on new legislation, the state budget, trailer bills, and administrative regulations to positively impact child care availability and quality.

Significant program achievements this year include: new guidance for child care providers on incidental medical services, new training requirements to protect children from child abuse and strengthened immunization policies. Total state funding to help low-income parents pay for child care increased. In anticipation of new federal regulations governing child care funding in 2016, attorneys prepared policymakers and stakeholders with legal analysis and policy recommendations.

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:

Form 990 is submitted to the Finance 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:

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.

| Child Care Law Center | 94-2959973 |
|-----------------------------------------------------------|-------------------|
| Form 990, Part VI, Section B, Line 15: | |
| The Board of Directors researched compensation levels of | comparably-sized |
| organizations providing comparable services in our geogra | phic region. The |
| Board then determined a reasonable range of compensation. | Finally the Board |
| reviewed and approved the amount of compensation. | |
| | |
| Form 990, Part VI, Section C, Line 19: | |
| We provide these documents on our website. They are also | listed on our |
| organization's profile on Guidestar. The documents are a | vailable upon |
| request as well. | |
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