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Department of the Treasury

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

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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Inter	nal Revenue	Service	_ <u></u>					merkenium	
A	For the 2	2013 calenda	ar year, or tax year begin	ning 7/01	, 2013, and ending	, -, -		2014	
В	Check if app	plicable	C			D Er	nployer Identi	fication Number	
	Addres	s change	East Bay Communit	tv Law Center		9	4-3042	565	
	Name	10	2921 Adeline	-			lephone numb		
	initial r	מו	Berkeley, CA 9470	03		ì	10-548-	-4040	
	\vdash		_			<u> </u>	110 240	4040	
	Termin						,		
	H	led return		 			ross receipts		1371
	Applica		F Name and address of principal	officer Tirien Stei	imacii	H(a) Is this a group			A No
			Same As C Above			H(b) Are all subord If 'No,' attach	ınates included a list (see inst	ructions) Yes	No.
1	Tax-exen	npt status	X 501(c)(3) 501(c) ()◀ (insert no.) 4	947(a)(1) or 527	.,		•	
J	Websit	te: - www	.ebclc.org],	H(c) Group exempt	ion number		
ĸ	Form of c	organization	X Corporation Trust	Association Other	L Year of formation	n 1987	M State of le	gal domicile CA	
D	र्तिशे ।	Summary					<u> </u>	<u></u>	
Trans.	1 Bri	efly describe	e the organization's missi	on or most significant acti	vities. The large	est provi	der of	free lega	
_				y, assisting low					
Governance	in			its, criminal re					
ם				providing clini					
ě	2 Ch			discontinued its operation					
පි	3 Nu			ning body (Part VI, line 1a		70 (11017 2070 0	3	JO10.	25
•೮	4 Nu			of the governing body (P			4		25
Activities &	5 Tot	tal number o	of individuals employed in	calendar year 2013 (Part	V, line 2a)		5		63
Ξ	6 Tot		of volunteers (estimate if				6		205
₽	7a Tot	tal unrelated	l business revenue from F	Part VIII, column (C), line	12 .		7a		0.
_	b Ne	t unrelated b	business taxable income	from Form 990-T, line 34			7 b		0.
						Prior Y	'ear	Current Ye	ar
_	8 Co	ntributions a	and grants (Part VIII, line	1h)		2,29	0,032.	2,574,	829.
Revenue	9 Pro	ogram servic	ce revenue (Part VIII, line	2g)			3,877.		,009.
₹	10 Inv	estment inc	ome (Part VIII, column (A	A), lines 3, 4, and 7d)			4,270.		493.
æ	11 Oth	her revenue	(Part VIII, column (A), Irr	nes 5, 6d, 8c, 9c, 10c, and	11e)		6,611.		020.
	12 Tot	tal revenue -	- add lines 8 through 11	(must equal Part VIII, colu	ımn (A), line 12)		4,790.	3,468,	
	13 Gra	ants and sim	nilar amounts paid (Part I	X, column (A), fines 1-3).					
	14 Be	nefits paid to	o or for members (Part I)	(, column (A), line 4)					
	1			benefits (Part IX, column	-(Å) -lines 5-10)	2 77	5,725.	2,811,	336
9	160 Pr		undraising fees (Part IX, o	-L (A) 11-)		2,,,	5, ,<u>2</u>5.	2,011,	<u> </u>
Expenses			•	J <i>E</i> (1	V 2 8 2015				
8	b 101		ng expenses (Part IX, col	(n	389,235.			<u> </u>	
_	17 Ott	=	s (Part IX, column (A), lir		· · · · · · · · · · · · · · · · · · ·		9,159.		162.
	L .			equal Part IX, column (A),		3,40	4,884.	3,427,	<u>, 498.</u>
	19 Re	venue less e	expenses Subtract line 1	8 from line 12 .	- Section in Section 1	-41	0,094.	40,	,853.
8						Beginning of C	urrent Year	End of Ye	ar
1	20 To	tal assets (P	Part X, line 16)				3,582.	4,279,	<u>599</u> .
\$ Z	21 To	tal liabilities	(Part X, line 26)	•		36	7,094.	302,	,359.
Ž	22 Ne	t assets or f	fund balances. Subtract In	ne 21 from line 20 .		3,85	6,488.	3,977	240.
P	nd II	Signature	Block						
_				irn, including accompanying schedu all information of which preparer ha	les and statements, and to t	he best of my know	ledge and belo	ef. it is true, correct.	and .
com	plete Declar	ration of prepare	er (other than officer) is based on a	all information of which preparer ha	s any knowledge		_1		
			artha Bu	run		ll a	4/15		
Si	gn	Signature				Date	7	`	
	ere	► Ma	artha Brow	'n Drecte	r ot hua	VILLE & F	6dm	ıΝ	
		Type or p	orint name and title						
_		Print/Type pre	parer's name	Preparer's signature	Date	/ Check	ıf	PTIN	
D:	nid	Adele F	Kaneda	Udele Kan	eda 1/16	1,5	<u> </u>	P01664922	
	eparer	Firm's name	Crosby & Kane						
	se Only	Firm's address				Firm's	EIN N/	Δ	
-	· · · · · ·	Films address	Oakland, CA						
Ma	w the IDS	discuss this		shown above? (see instru	etions)	Phone	·no (510)) 835-272 X Yes	
_						101101 101111			No (2012)
R	w rorra	sperwork Ke	:uuction ACT Notice, see t	he separate instructions.	TEE	A0113L 11/08/13		Form 99 (ı (2013)





Form 990 (2013) East Bay C	ommunity Law Center	94-3042565 P	Page 2
	ram Service Accomplishments		Ę.
	ntains a response or note to any line in this Part III		X
Briefly describe the organization	on's mission.		
See_Schedule_O			
2 Did the organization undertake a	ny significant program services during the year which were not liste	ed on the prior	
Form 990 or 990-EZ?	y significant program services during the year which were not liste	Yes X	No
If 'Yes,' describe these new se	ervices on Schedule O	. Les K	110
•	nducting, or make significant changes in how it conducts, any	program services? Yes X	No
If 'Yes,' describe these change			
Section 501(c)(3) and 501(c)(4)	ogram service accomplishments for each of its three largest pi organizations and section 4947(a)(1) trusts are required to report to d revenue, if any, for each program service reported	ogram services, as measured by expense amount of grants and allocations to	ises.
4a (Code) (Expense	s \$ 1,838,403. including grants of \$) (Revenue \$ 112,00	09.
	nity Law Center provided 3,654 low-incom	··	
	gal and advocacy services addressing pr		
health, immigration	n, public benefits, criminal records, edebt, homelessness, and other general l	ducation rights, juvenile	
·			
4 b (Code) (Expense	s \$ 787,887. including grants of \$ nity Law Center provided clinical train) (Revenue \$ 679,0	
Berkeley Law (forme	erly Boalt Hall) during the school year States, including Berkeley, during the	, and from law schools	
work directly with	clients to provide legal services unde		
		-	
4 c (Code) (Expense	is \$ including grants of \$) (Revenue \$	
			- - -
4 d Other program services (Desc	cribe in Schedule O)		
(Expenses \$		Revenue \$)	
4 e Total program service expens			
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	_	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
â	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	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	11 b		Х
(c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	1 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16_		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	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
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
١	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		L

Form 990 (2013) East Bay Community 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 organizations or 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 individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	,	х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	_	Х
t	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		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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		Х
30	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	_	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990	(2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			l
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 63			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
b If 'Yes,' enter the name of the foreign country. ▶			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	 6 b		
7 Organizations that may receive deductible contributions under section 170(c).			_
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		- "
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	,,,		
Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a	<u>-</u>	ļ
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		_
10 Section 501(c)(7) organizations. Enter.			-
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter.			ĺ
a Gross income from members or shareholders . 11 a		1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		_
b 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.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a	[]	(
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand		1	1
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2013) East Bay Community Law Center 94-3042565 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 25 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 25 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 a a The governing body? X b Each committee with authority to act on behalf of the governing body? 86 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O Schedule O how this was done 12 c Х X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official See Schedule O 15 a X **b** Other officers of key employees of the organization See Schedule O 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Berkeley CA

Gayna Radtke 2921 Adeline St.

BAA

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
				(0	;)							
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation		
,	any hours for related organiza- tions below dotted line)	ny hours or related rganizations of director dotted dotted dotted		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations						
(1) Frank Cialone	11		\Box									
Board Chair .	0	X		X				0.	0.	0.		
(2) Denise Abrams	1											
Vice Chair	0	X		X				0.	0.	0.		
(3) James Meehan	11											
Treasurer	0	X		X				0.	0.	0.		
(4) Michael Ng	1											
Secretary	0	X		X				0.	0.	0.		
(5) Michelle Anderson	1_1_											
Board Member	0	X						0.	0.	0.		
(6) Peter Carson	1											
Board Member	0	X						0.	0.	0.		
(7) Nimish Desai	1_1_									•		
Board Member	_0	X						0.	0.	0.		
(8) Rachel Foodman	1											
Student Brd Mbr	0	X						0.	0.	0.		
(9) E. Venessa Henlon	1											
Board Member	0	X						0.	0.	0.		
(10) Michael Kwun	1											
Board Member	0	<u> </u>						0.	0.	0.		
(11) Michael Loeb	11											
Board Member	0	[x						0.	0.	0.		
(12) Daven Lowhurst	1											
Board Member	0	X						0.	0.	0.		
(13) Craig Martin	1											
Board Member	0	X						0.	0.	0.		
(14) Samuel Miller	1		\Box									
Board Member	7 0	<u> </u>		L			<u> </u>	0.	0.	0.		

Board Member		(B)			((2)					
Complete	• •	hours per	box offi	, unle	:heck :ss pe	more erson direct	is both or/trust	n an	Reportable compensation from	Reportable compensation from	Estimated amount of other
(19) Melissa Murray		(list any hours for related organiza tions below dotted	or director	institutional trusti	Officer	Key employee	Highest compens employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
Board Member		line)		8			ated				
1	(15) Melissa Murray	 	Y						0	0	0
Alfred Pfeiffer	(16) Ann O'Leary			П					0.	<u> </u>	<u></u>
Board Member			X	Щ		_			0.	0.	0.
(18) Mindy Phillips Student Brd Mor O X O. 0. 0. 0. 0. (29) Joel Sanders Board Member O X O. 0. 0. 0. 0. (20) Maureen Sheehy Board Member O X O. 0. 0. 0. 0. (21) Tiffany Thomas Board Member O X O. 0. 0. 0. 0. (22) Steven Tindall Board Member O X O. 0. 0. 0. 0. (23) Matthew Turnbull Student Brd Mor O X O. 0			,,								
Student Brd Mbr		 _	X	Ш					0.	0.	0.
Comparison Compensation Compen		1 — — —	· ·							0	
Board Member 0 X 0 0 0 0 0 0 0 0			<u> </u>	-	_	_	\vdash		<u> </u>	0.	0.
(20) Maureen Sheehy		4	l x						n	n	n .
Canal Tiffany Thomas 1	(20) Maureen Sheehy		<u> </u>	П					Ű.		<u> </u>
Board Member 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Board Member	0	<u> x </u>						0.	0.	0.
Steven Tindal1	(21) Tiffany Thomas	1_1_									
Board Member			X				Щ		0.	0.	0.
Student Brd Mor		1	ļ						_	_	
Student Brd Mbr 0 X 0. 0. 0. 0. (24) Duane Valz 12 1 0 0. 0. 0. 0. 0. 0. 0. 0. (25) Steven Zieff 1 0 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			X	Н		_	\vdash		0.	0.	0.
Duane Valz Board Member		4 — — —	٠,						ا م	0	_
Board Member 0 X 0. 0. 0. 0. 0. 15 Steven Zieff 1 0 X 0. 0. 0. 0. 0. 0. 0. 0. 15 Sub-total 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			┝	Н			 		0.	<u> </u>	0.
Steven Zieff Board Member		1	l x						۱ ،	n	ا ا
Board Member 0 X 0 0. 0. 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 0. 40, 129. 201, 775. 20			 	Н		_	Н		<u> </u>	0.	<u> </u>
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 201,775. 0. 40,129. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is tany former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 To any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 7 To any person listed for but rive highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation 8 Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the calendar year ending with or within the organization than \$100,000 of compensation from the organization of the calendar year ending with or within the organization than \$100,000 of compensation from the organization of the calendar year ending with or within the organization than \$100,000 of compensation from the organization or the calendar year ending with or within the organization than \$100,000 of compensation from the organization or the organization or the calendar year ending with or within the organization than \$100,000 of compe		-	1 x						0.	0.	O.
d Total (add lines 1b and 1c) 201, 775. 0. 40, 129. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Popor Compensation Popor Compen	1 b Sub-total						1	•	0.	0.	0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 1 1 1 1 1 1 1 1 1 1 1 1		n A					I	•		0.	
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization to the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to the organi	nom the organization - 1									•	Vee Ne
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the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\rightarrow\$ 0	4 For any individual listed on line 1a is the sum of r	enortah	le co	mne	nca	tion	hne	٥ŧЬ	er compensation	from	
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tor services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0											4 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes.'	compen comple	satio te So	n tro chea	om : lule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	ındıvıdual	5 X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 7 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	Section B. Independent Contractors							,-		·	
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	1 Complete this table for your five highest compensation from the organization. Report compensation	ated inde	epen	dent	coi	ntra	ctors	tha	t received more the	nan \$100,000 of	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0			iiie C	ateri	uai j	yeai	enun	iy v	· · · · · · · · · · · · · · · · · · ·		
\$100,000 of compensation from the organization ► 0	Name and business addre	SS							Description of	of services	Compensation
\$100,000 of compensation from the organization ► 0											 -
\$100,000 of compensation from the organization ► 0		_									
\$100,000 of compensation from the organization ► 0											
\$100,000 of compensation from the organization ► 0											
\$100,000 of compensation from the organization ► 0	2 Total number of independent contractors (includes by	t not lier	+0-4-1	- علم		.a.i -	I = L -	ا		4ba-	
			ieo (ว เกด	se I	ıstet	1 900/	ve) '	wno received more	rnan	
	BAA	<u> </u>	TEFA	าเกลเ	11/1	11/12			_		Form 990 (2012)

	_	Check if Schedule O	contains	a respo	onse or note to ar	ny line in this Part VI	l ll .	<u> </u>	⊔
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
₹ %	1 a	Federated campaigns		1 a	8,155.				
E E		Membership dues		1 b					
S S		Fundraising events.		1 c		4			
듣욁		Related organizations .	Y .	1 d		1		•	Ì
ž z	е	Government grants (contributi	ons)	1 e	<u>715,690.</u>	-			
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1,850,984.								
울	_	Noncash contributions included Total. Add lines 1a-1f	in lines la-	1f. \$_		2 574 000			
읣		Total. Add lilles 1a-11			Business Code	2,574,829.	•		
	2a	Affiliation Ag	reemen	₊ ├		679,000.	679,000.		
題	b					112,009.	112,009.		
띹	С								<u> </u>
ĕ	d								
要	е								
8	f	All other program servi	ce revenu	e [_					
~	g	Total. Add lines 2a-2f			.	791,009.			
	3	Investment income (incother similar amounts)	luding div	ridends	, interest and \cdot	21 100			21 100
l	4	Income from investmen	nt of tax.e	vemnt	hond proceeds	31,189.			31,189.
1	5	Royalties	it or tax c	ACTITION	bona proceeds.				
	•	Noyallies	(i) R	eal	(ii) Personal			 	
	6 a	Gross rents	<u> </u>			1 !	1		
	ь	Less rental expenses				1 1			
	С	: Rental income or (loss)			<u> </u>	1			İ
	d	Net rental income or (lo	oss)				····		·
	7 a	Gross amount from sales of	(i) Secu	rities	(II) Other				
	-	assets other than inventory	237	623.]			
	b	Less: cost or other basis							
		and sales expenses		<u>, 319 .</u>		_]
		: Gain or (loss)	60	304.	.}				
	d	Net gain or (loss)				60,304.			60,304.
OTHER REVENUE	8 a	Gross income from fun (not including . \$ of contributions reporte							
2		See Part IV, line 18		а	ď]
뿔	b	Less: direct expenses		b	·				
0	C	: Net income or (loss) from	om fundra	ıısıng e	vents	·			
		Gross income from gar See Part IV, line 19	ning activ	ities a)				
		Less direct expenses		b	·				
		: Net income or (loss) fro	-		ities.				<u> </u>
		Gross sales of inventor and allowances		turns . a	<u> </u>				
		Less: cost of goods sol			PL	-		-	
		: Net income or (loss) from Miscellaneous Reven		or mve	Business Code				ļ
	11:	Miscellaneous_		\dashv	PESITOS COUT	11,020.	}		11,020.
	ŀ) - พรอกริริริกันที่				11,020.			11,020.
				- <i>-</i> -		 			
		All other revenue		 		†	 		
		Total. Add lines 11a-11	ld	L	 -	11,020.			
		Total revenue. See ins			1	3,468,351.	791,009.	0.	102,513.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Check if Schedule O contains a response or note to any line in this Part IX									
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			•	, -				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			**	2				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	243,104.	50,116.	124,265.	68,723.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages	2,045,674.	1,747,106.	129,395.	169,173.				
. 8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9	Other employee benefits ,	357,615.	308,330.	18,630.	30,655.				
10	Payroll taxes	164,943.	132,250.	17,311.	15,382.				
11	Fees for services (non-employees):			-					
	Management								
t	Legal								
	: Accounting	52,094.		52,094.					
	Lobbying		·····						
	Professional fundraising services. See Part IV, line 17		·	···					
	Investment management fees	5,193.		5,193.					
	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	65,314.	29,835.	313.	35,166.				
13	Office expenses	94,829.	60,487.	6,808.	27,534.				
14	Information technology .	25,000.	20,294.	2,593.	2,113.				
15	Royalties	20,000.	20/231.	2,000.	2,113.				
16	Occupancy	106,943.	95,904.	5,971.	5,068.				
17	Travel	50,776.	22,049.	11,255.	17,472.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,71100	==, 4 = 2						
19 20	Conferences, conventions, and meetings Interest .	6,096.	5,331.	333.	432.				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	58,117.	47,176.	6,028.	4,913.				
23 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.)	65,519.	49,805.	9,945.	5,769.				
	Litigation & Translation	35,593.	35,593.						
	Dues, licenses, service fees	20,481.	12,162.	1,715.	6,604.				
	Client trust fund adjustments	19,871.	/2001	19,871.	3,001.				
	Publications	7,784.	7,300.	253.	231.				
•	All other expenses	2,552.	2,552.						
25	Total functional expenses. Add lines 1 through 24e	3,427,498.	2,626,290.	411,973.	389,235.				
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)								
BAA		TEE A01101 11			Form 990 (2013)				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 258,707 Cash - non-interest-bearing 1 175,616. 2 Savings and temporary cash investments 424,349 553,142. 3 Pledges and grants receivable, net 3 162,169 272,436. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' 6 beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 78,735 71,777 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2,414,299 10b b Less: accumulated depreciation. 10 c 579,988 1,892,428 1,834,311. 11 Investments - publicly traded securities. 11 1,404,694 1,369,617. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 2,700. 2,500 Total assets. Add lines 1 through 15 (must equal line 34) 4,223,582. 16 4,279,599. Accounts payable and accrued expenses 17 17 225,588. 231,920 Grants payable 18 18 Deferred revenue 19 19 20,000 32,500 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 121,506 25 37,939 367,094 Total liabilities. Add lines 17 through 25. 26 302,359 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 3,275,969 27 3,282,369. 28 Temporarily restricted net assets 580,519 694,871 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances . 33 3,856,488 3,977,240 34 Total liabilities and net assets/fund balances 4,223,582 4,279,599 BAA Form 990 (2013)

	1990 (2013) East Bay Community Law Center 94-304256	55	Pa	ge 12				
Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			\Box				
1	Total revenue (must equal Part VIII, column (A), line 12)	3,4	68,3	351.				
2	Total expenses (must equal Part IX, column (A), line 25)	3,4	27,4	98.				
3	• = · · · · · · · · · · · · · · · · · ·							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).		<u>40,8</u> 56,4					
5	Net unrealized gains (losses) on investments . 5		79,8	399.				
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))							
Pai	t XII Financial Statements and Reporting		77,2	.40.				
				\Box				
	Check if Schedule O contains a response or note to any line in this Part XII		·					
	Accounting method used to arganize the Form 000 Cook W Account Cother		Yes	No				
•	Accounting method used to prepare the Form 990 Cash X Accrual Other	-		1				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
J	Were the organization's financial statements audited by an independent accountant?	2 Ь	X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis			'				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	. За	_	х				
-	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3b						
BA/		Form	990	(2013)				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

න්ව්ණිම් ලෝකෙල his rection

OMB No. 1545-0047

Name of the organization Employer identification number East Bay Community Law Center 94-3042565 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 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 hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's Δ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III — Functionally integrated C d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Νo A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (i) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (iv) Is the (vi) Is the organization in organization in column (i) organized in the US? support column (i) listed in your governing document? Yes No Yes No Yes No (A) (B) (C) (D) **(E)**

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	1,641,045.	1,887,223.	2,013,681.	2,041,732.	2,176,2	36.	9,759,917.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
4	Total. Add lines 1 through 3	1,641,045.	1,887,223.	2,013,681.	2,041,732.	2,176,23	36.	9,759,917.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							70,401.
6	Public support. Subtract line 5 from line 4							9,689,516.
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
7	Amounts from line 4	1,641,045.	1,887,223.	2,013,681.	2,041,732.	2,176,23	36.	9,759,917.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,796.	42,323.	36,071.	54,527.	31,18	89.	187,906.
9	Net income from unrelated business activities, whether or not the business is regularly carried on .		, , , ,		9.5,02.13			0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,983.	2,390.	9,127.	6,611.	11,02	20.	32,131.
11	Total support. Add lines 7 through 10							9,979,954.
12	Gross receipts from related activ	rities, etc (see ins	tructions)				12	3,670,890.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ırd, fourth, or fıfth t	ax year as a section	n 501(c)(3)		. • 🗆
Sec	tion C. Computation of Pu	blic Support P	ercentage	· · · · · · · · · · · · · · · · · · ·				
14	Public support percentage for 20	013 (line 6, colum	n (f) divided by lir	ne 11, column (f))			14	97.09%
15	Public support percentage from	2012 Schedule A,	Part II, line 14				15	96.26%
16 a	33-1/3% support test — 2013. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, a rganization	nd the line 14 is 3	13-1/3% or m	ore, o	check this box
b	33-1/3% support test – 2012. If and stop here. The organization	the organization d i qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 organization	sa, and line 15 is 3	33-1/3% or m	nore,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test icheck this	hox and stop her	re. Explain in	Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in ed organizati	Part on	IV how the ►
	Private foundation. If the organi	Zation did not che	eck a box on line	13, 16a, 16b, 17a ———————				
BAA					Sch	nedule A (For	rm 99	0 or 990-EZ) 2013

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)

Cod	ion A. Bublic Support			 -			
	ion A. Public Support lar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')	(a) 2009	(0) 2010	(6) 2011	(4) 2012	(e) 2013	(i) Iolai
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				•		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.			•			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)				A July		
<u>Sect</u>	tion B. Total Support				,		
	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					:	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organization is stop here	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	*		ne 13, column (f))		15	olo .
	Public support percentage from					16	ફ
	tion D. Computation of Inv						
17	Investment income percentage to			•	ımn (f))	17	%
18	Investment income percentage					. 18	96
	33-1/3% support tests - 2013. I is not more than 33-1/3%, check	k this box and sto j	p here. The orgar	iization qualifies a	as a publicly supp	orted organization	n ►
	33-1/3% support tests - 2012. I line 18 is not more than 33-1/3%						3-1/3%, and nization ►
20	Private foundation. If the organ	ization did not che	eck a box on line			see instructions	0 - 1000 573 0012
			TEE AAAASI	DC /20/12	٠.	hadula 8 /Earm 00	n Ar UUN E 7\ 2012

Schedule /	(Form 990 or 990-EZ) 2013	East Bay Co	mmunity Law	Center	94-3042565	Page 4
Part IV	Supplemental Informat or 17b; and Part III, line (See instructions).	ion. Provide the 12. Also comp	e explanations lete this part fo	required by Part or any additional i	II, line 10; Part II, line 17a nformation.	
Sup	port Schedule Additiona	l Supplementa	Information _			
<u>Sch</u>	edule A Part II Sect	tion_APubl	<u>ic Support</u>			
<u>Exc</u>	luded Unusual Grant:	5	- 			
Cy_	Pres_awards: \$398,	593				
						
			<u>-</u>			
	·		-			
			-			
			•			

Schedule A (Form 990 or 990-EZ) 2013

BAA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public

Schedule C (Form 990 or 990-EZ) 2013

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

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-B.

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

• 5	Section 501(c)(4), (5), or (6) or	rganizations: Complete Part III.			
Name	of organization			Employer identifica	tion number
				94-304256	
Pai	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a	section 527 organia	zation.
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV.	
2	Political expenditures			\$	-
3_	Volunteer hours		<u> </u>		
		<u> </u>			
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.
2	ast Bay Community Law Center 94-3 Provide a description of the organization is exempt under section 501(c) or is a section 527 of Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures		. ►\$	0.	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	Was a correction made?				Yes No
ŧ	If 'Yes,' describe in Part IV				
Pai	rt I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities >\$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	7 exempt ►\$	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments amount of political contribution	and employer identification number (EIN) s For each organization listed, enter the ai s received that were promptly and directly del	mount paid from the t ivered to a separate po	filing organization's fund blitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)	-				
(3)					
(4)					
(5)				(
(6)					

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

Schedule C (Form 990 or 990-EZ) 201	³ East Bay Co	mmunity Law Cente	er	94-3042	565 Page 2
	the organization	is exempt under se		filed Form 5768 (ele	ection under
		s to an affiliated group (and	list in Part IV each affilia	ited group member's name	
∟ ,		I share of excess lobbying		ned group member 5 name,	•
	•	cked box A and 'limited co	•		
	Limits on Lobby	ing Expenditures ns amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu		· ·			
	•	egislative body (direct lobb	, <u>.</u>	39,244.	
c Total lobbying expenditu	ures (add lines 1a a	nd 1b)		39,244.	0.
d Other exempt purpose e	expenditures			3,388,254.	<u>~_</u>
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d) .	•	3,427,498.	0.
f Lobbying nontaxable an both columns	nount. Enter the am	ount from the following tab	ole in	321,375.	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is	32273731	
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,	,000,000	\$100,000 plus 15% of the excess	over \$500,000.		-
Over \$1,000,000 but not over \$	31,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	317,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a				80,344.	0.
h Subtract line 1g from lin		•		0.	0.
i Subtract line 1f from lin	e 1c. If zero or less	enter -0	l	0.	0.
j If there is an amount othe section 4911 tax for this	er than zero on either s year?	line 1h or line 1i, did the org	anization file Form 4720	reporting	Yes No
(Som	e organizations tha	4-Year Averaging Period L t made a section 501(h) el s below. See the instruction	ection do not have to c		
		ying Expenditures During		<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount	288,68	302,882.	320,244.	321,375.	1,233,189.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,849,784.
c Total lobbying expenditures	21,59	1. 2,841.	24,753.	39,244.	88,429.
d Grassroots nontaxable amount	72,17	2. 75,721.	80,061.	80,344.	308,298.
e Grassroots ceiling amount (150% of line 2d, column (e))					462,447.
f Grassroots lobbying expenditures	6,77	5. 710.	4,522.	0-1-41-07	12,007.
BAA				Schedule C (Form	990 or 990-EZ) 2013

(election under section 501(h)).			m 57	•	
For each West reasons to him at the set 1 had a set 2 had a set 2 had a set 3	(a	1)		(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No		Amount	t
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?			ı		
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 1ι					
2 a 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 50 section 501(c)(6).)1(c)(5)	, or			
				Yes	5 No
1 Were substantially all (90% or more) dues received nondeductible by members?			.[1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	1
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	1
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.')1(c)(5)) Part II	, or s I-A, I	ectic ine 3	on 501(c s, is	;)
1 Dues, assessments and similar amounts from members	-	1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ı				-
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
		J			
Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr Part II-B, line 1. Also, complete this part for any additional information.	oup list),		II-A, li	ne 2; and	- <u>-</u>
··					
·					

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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 2013

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection

Employer identification number

Eas	st Bay Community Law Center		94-3042565
Pa		or Advised Funds or Other	
	Complete if the organization ans	wered 'Yes' to Form 990, P	art IV, line 6.
		(a) Donor advised fun-	ds (b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the		
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefi impermissible private benefit?	ors, and donor advisors in writing to the donor or donor advisor, or	hat grant funds can be used only for any other purpose conferring Yes No
Pai	t II Conservation Easements.		
	Complete if the organization ans		
1			apply).
	Preservation of land for public use (e.g.,	recreation or education)	Preservation of an historically important land area
	Protection of natural habitat	Πı	Preservation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contrib	ution in the form of a conservation easement on the
	last day of the tax year		
			Held at the End of the Tax Year
	a Total number of conservation easements.	•	2 a
	b Total acreage restricted by conservation ease		2 b
•	c Number of conservation easements on a cert	ified historic structure included in	(a) 2c
1	d Number of conservation easements included structure listed in the National Register		2 d
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguished, or t	erminated by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy reand enforcement of the conservation easeme		nspection, handling of violations,
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspi	ecting, and enforcing conservation ea	esements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section 170(h)(4)(B)(i) Yes No
9	include, if applicable, the text of the footnote	s conservation easements in its reve to the organization's financial stat	nue and expense statement, and balance sheet, and ements that describes the organization's accounting for
Pa	conservation easements It III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Trewered 'Yes' to Form 990, P	easures, or Other Similar Assets. art IV, line 8.
1	a If the organization elected, as permitted unde art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its fina	eld for public exhibition, education, c	ort in its revenue statement and balance sheet works of r research in furtherance of public service, provide, ese items
	b If the organization elected, as permitted unde historical treasures, or other similar assets held to following amounts relating to these items.	er SFAS 116 (ASC 958), to report for public exhibition, education, or re-	n its revenue statement and balance sheet works of art, search in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1 .	▶\$
	(ii) Assets included in Form 990, Part X		▶ \$
2		historical treasures, or other similar a	assets for financial gain, provide the following
	a Revenues included in Form 990, Part VIII, lin		► \$
	b Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2013 East				. 94-304		Page 2
Part III Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continu	ıed)
3 Using the organization's acquisition items (check all that apply)	, accession, and o	ther records, check a	ny of the following that ar	e a significant use of its	collection	
a Public exhibition		d 🗌 Loan	or exchange programs			
b Scholarly research		e 🗌 Other				
c Preservation for future gener	ations	_		_		-
4 Provide a description of the organiz Part XIII.	ation's collections	and explain how they	further the organization's	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or rec nan to be maintai	eive donations of ar ined as part of the o	t, historical treasures, o rganization's collection	or other similar assets ?	Yes [No
Part IV Escrow and Custodia line 9, or reported an	I Arrangemen amount on Fo	ts. Complete if t rm 990, Part X,	he organization an line 21.	swered 'Yes' to For	m 990, Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, o	r other intermediary	for contributions or oth	ner assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and	complete the follow	ng table			
					Amount	
c Beginning balance			•	1 c		
d Additions during the year	•			1 d		, ,
e Distributions during the year			•	1 e		
f Ending balance	•			1f		
2 a Did the organization include an a	mount on Form 9	990, Part X, line 21?	•		Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the explai	ntion has been provided	I in Part XIII]
Part V Endowment Funds. C						
1 - Decimine of way belone	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance					 	
b Contributions					 	
c Net investment earnings, gains, and losses					<u> </u>	
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentag	e of the current y	ear end balance (lir	ne 1g, column (a)) held	as		
a Board designated or quasi-endowm	ent 🟲	8				
b Permanent endowment	8					
c Temporarily restricted endowmer	nt ►	8				
The percentages in lines 2a, 2b,	and 2c should ed	qual 100%.				
3a Are there endowment funds not in to organization by	the possession of t	the organization that a	are held and administered	for the	Yes	No
(i) unrelated organizations					3a(i)	+ 110
(ii) related organizations					3a(ii)	 -
b If 'Yes' to 3a(ii), are the related	organizatione list	ed as required on Si	chedule R2		3b	+
4 Describe in Part XIII the intender	-	="			30	ــــــــــــــــــــــــــــــــــــــ
		anization's endowin	ent lunus.			
Part VI Land, Buildings, and Complete if the organ		red 'Yes' to Forr	n 990, Part IV, line	11a. See Form 990	ว, Part X, lı	ne 10.
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land .			400,186.		400	,186.
b Buildings.			1,693,214.	303,366.		,848.
c Leasehold improvements.			41,011.	41,011.		0.
d Equipment			279,888.	235,611.	44	,277.
e Other						<u>, · · · · · · · · · · · · · · · · · ·</u>
Total. Add lines 1a through 1e (Colum	nn (d) must equa	l Form 990, Part X.	column (B), line 10(c).)	. ▶	1,834	, 311.
BAA		<u> </u>			ule D (Form 99	

Complete if the organization answere	d 'Yes' to Form ⁹	N/A 990. Part IV. line 11b. Sec	e Form 990. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	<u> </u>		
(F)			
(G)			
(H)			
(l)			
	<u> </u>		
Part VIII Investments – Program Related. Complete if the organization answere	d 'Yes' to Form 9	N/A 990, Part IV, line 11c. Sec	e Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	 		
(9)			
(10)		bread Large was the Follow statement Colonials to 20	TEATURE REPAIR ON DOLLARS CONTROL OF THE
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part X Other Assets.	<u> </u>	I/A	化学性的基础的基础的
Complete if the organization answere	d 'Yes' to Form ?	990, Part IV, line 11d. Se	e Form 990, Part X, line 15.
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4) (5)	 -		
(6)	 ··		
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	(B), line 15.)		
Part X Other Liabilities.	5 000 5		
Complete if the organization answered 'Yes' to (a) Description of liability	Form 990, Part IV, III (b) Book va		t X, line 25
(1) Federal income taxes	(b) BOOK Va	THE THE PARTY OF T	
(2) Client trust accounts	37	, 939.	
(3)			
(4)			And the second of the second o
(5)		A STATE OF THE PARTY OF THE PAR	a mankak and separate to see it is a separate to
(6)			·
(7)			-
(8)			
(9)			
(10)			
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).	▶ 37	, 939.	

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Return.	•
1 Total revenue, gains, and other support per audited financial statements	1	3,548,250.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	76 .98	0,010,200.
a Net unrealized gains on investments 2a 79,89	9	
b Donated services and use of facilities 2 b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	79,899.
3 Subtract line 2e from line 1	3	3,468,351.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b.	1	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,468,351.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		<u> </u>
1 Total expenses and losses per audited financial statements	1	3,427,498.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses , 2c		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	3,427,498.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	2 407 400
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,427,498.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; fine 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	Part V, any additior	nal information
Part X - FIN 48 Footnote		
The Organization has evaluated its current tax positions as of June	30, 20) <u>14 and is</u>
not_aware of any significant uncertain tax positions for which a re	<u>serve</u>	ould_be
necessary.		
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BAA	Schedule	e D (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

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.

2013

Employer identification number

OMB No 1545-0047

Open to Public Inspection

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization

94-3042565 East Bay Community Law Center Form 990, Part III, Line 1 - Organization Mission EBCLC's mission is to promote justice and build a more healthy, secure, productive, and hopefull community by providing: (1) legal services and policy advocacy that responds to the needs of low-income communities, and (2) law training that prepares future attorneys to be skilled and principled advocates committed to finding innovative solutions to the causes and conditions of poverty. Form 990, Part VI, Line 11b - Form 990 Review Process Form 990 is initially reviewed by the Director of Finance and Administration, with the final draft version reviewed by the Board Treasurer and the Board Chair. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts Board members and key employees are required to submit annual disclosure forms at the June Board meeting. The Director of Finance & Administration is responsible for following up with any Board members not in attendance at the June meeting. Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management Executive Director compensation is established by the Board of Directors, based on a review of comparable salaries for ED positions at similar organizations in the Bay Area. Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees EBCLC has a board-approved compensation statement that was created in 2007 using comparable data from other Bay Area legal service organizations. The statement includes salary ranges for all positions within the organization and a set of principles that guide compensation decisions. Management is authorized to set individual salaries within these compensation ranges using the stated principles and in line with the Board-approved budget for the fiscal year.

Schedule O (Form 990 or 990-EZ) 2013	Page Z
Name of the organization East Bay Community Law Center	Employer identification number 94-3042565
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Availa	ble
Financial information is included in EBCLC's Annual Report,	which is available on
EBCLC's website and mailed to selected donors	
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2013	Schedul	e A, Part	IV	- Supple	me	ental Inforr	mation		Page
lient EBCLC07		East Ba	ay Co	ommunity L	.aw (	Center	-		94-304256
/16/15				· · · · · · · · · · · · · · · · · · ·			·		10:02A
Part II, Line 10 - Oth	er Income								
Nature and Sour	<u>ce</u>	2013		2012	·	2011	2010	2	2009
Miscellaneous	Total <u>\$</u>	11,020 11,020	\$ \$	6,611. 6,611.	\$	9,127. \$ 9,127. \$	2,390. 2,390.	<u> </u>	2,983. 2,983.
						•			
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## Form 990

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the Organization

East Bay Community Law Center

Employler Identification number

94-3042565

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (C) (D) **(E) (F)** Estimated amount of other compensation from the organization and related organizations Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Name and Title Average hours per week (list any hours for related organizations below dotted line) Reportable compensation from related organizations (W-2/1099-MISC) Highest compensated employee Individual trustee or director Officer Key employee Institutional trustee Tirien Steinbach 50 Executive Dir. 0 X 0 112,010. 17,019. Martha Brown 50 Dir. of Fin/Adm X 0 0. 89,765 23,110.

Application for Extension of Time To File an **Exempt Organization Return** 

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury

Internal Revenu	e Service	Information about Form 8868	and its instr	uctions is at www.irs.gov/form8868.		
If you ar	re filing for an	Automatic 3-Month Extension, con	nplete only	Part I and check this box .		► X
• If you ar	re filing for an	Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of th	ıs form).	
Do not com	plete Part II ur	less you have already been grante	d an autom	atic 3-month extention on a previously f	ıled Form 8868.	
Electronic f corporation request an e Associated	iling (e-file). Yo required to file xtension of time With Certain P	ou can electronically file Form 8868 Form 990-T), or an additional (not to file any of the forms listed in Part	If you need automatic) I or Part II w ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can elevith the exception of Form 8870, Information to the IRS in paper format (see instruct	e to file (6 months f ectronically file Forn Return for Transfers	S
Part	Automatic	3-Month Extension of Time	Only sul	omit original (no copies needed).		
******		<del></del>		-month extension – check this box and		y ► □
All other co income tax		luding 1120-C filers), partnerships,	REMICs, a	nd trusts must use Form 7004 to request	t an extension of til	
	Name of exempt	organization or other filer, see instructions	<del></del>	Enter mer 3 tuent	Employer identification	
Type or print		Community Law Center			94-3042565	
File by the	Number, street,	and room or suite number. If a P.O. box, see in	structions.		Social security number	(SSN)
due date for filing your return See	2921 Ade	eline It office, state, and ZIP code. For a foreign add	ress, see instru	ictions		
instructions	Berkeley	, CA 94703				
Enter the R		the return that this application is fo	or (file a sep	parate application for each return)		01
Application Is For	<u> </u>	<del></del>	Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ		01	Form 990-T (corporation)		07
Form 990-B	BL.		02	Form 1041-A		08
Form 4720 (	individual)		03	Form 4720 (other than individual)		09
Form 990-P	PF		04	Form 5227		10
		a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other th	an above)	06	Form 8870		12
Telephoi  If the or  If this is check the external life equal to the external life equal to the external life equal to the external life exter	ne No. 510 rganization does for a Group R his box ension is for est an automatic 2/15 extension is for calendar year tax year beg	is not have an office or place of but eturn, enter the organization's four carry. If it is for part of the group, of 3-month (6 months for a corporation, 20 15, to file the exempt organization's return for:  1 20 0 or 13	Fax No siness in the digit Group check this be required to anization re	b		•
	tax year enter	ed in line 1 is for less than 12 mont inting period	ths, check r	eason. Initial return Fir	nal return	
		for Forms 990-BL, 990-PF, 990-T, 4 ts See instructions	4720, or 60	69, enter the tentative tax, less any	3a\$	0.
		for Forms 990-PF, 990-T, 4720, or Include any prior year overpaymen		r any refundable credits and estimated	368	n

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions