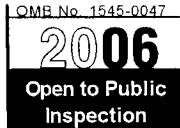


Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning 10/01, 2006, and ending 09/30/2007

B Check if applicable: X Address change. C Name of organization: THE CHILDREN'S LAW CENTER, INC. D Employer identification number: 52-1961588. E Telephone number: (202) 467-4900. F Accounting method: X Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: N/A. J Organization type: X 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 4,972,832.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, Sub-part, Amount, Total. Includes Revenue (1-12), Expenses (13-17), and Net Assets (18-21).

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2006)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	108,939.	87,151.	10,894.	STMT 3 10,894.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,441,750.	2,182,732.	114,590.	144,428.
27 Pension plan contributions not included on lines 25a, b, and c	44,113.	39,466.	2,549.	2,098.
28 Employee benefits not included on lines 25a - 27	222,346.	202,279.	7,600.	12,467.
29 Payroll taxes	209,182.	186,268.	10,266.	12,648.
30 Professional fundraising fees				
31 Accounting fees	12,751.	11,621.	579.	551.
32 Legal fees	1,250.	NONE	1,250.	NONE
33 Supplies	29,357.	25,834.	2,188.	1,335.
34 Telephone	36,826.	34,666.	1,471.	689.
35 Postage and shipping	23,304.	6,451.	505.	16,348.
36 Occupancy	425,960.	388,056.	19,518.	18,386.
37 Equipment rental and maintenance	50,354.	46,975.	1,645.	1,734.
38 Printing and publications	27,024.	22,013.	371.	4,640.
39 Travel				
40 Conferences, conventions, and meetings	9,086.	8,447.	401.	238.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	75,252.	66,363.	5,952.	2,937.
43 Other expenses not covered above (itemize):				
a STMT 4	448,053.	357,524.	64,149.	26,380.
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	4,165,547.	3,665,846.	243,928.	255,773.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,124,420.	45	1,301,220.
	46 Savings and temporary cash investments	NONB	46	232,204.
	47a Accounts receivable	47a 644,321.		
	b Less: allowance for doubtful accounts	47b	524,711.	47c 644,321.
	48a Pledges receivable	48a 46,423.		
	b Less: allowance for doubtful accounts	48b	48,734.	48c 46,423.
	49 Grants receivable		68,800.	49 44,250.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		54,805.	53 100,991.
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	458,391.	54a 393,664.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a 531,857.		
b Less: accumulated depreciation (attach schedule)	57b 176,822.	71,822.	57c 355,035.	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		5,459.	58 4,801.	
59 Total assets (must equal line 74). Add lines 45 through 58		2,357,142.	59 3,122,909.	
Liabilities	60 Accounts payable and accrued expenses	69,002.	60	79,369.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65		69,002.	66 79,369.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,179,755.	67	2,836,207.
	68 Temporarily restricted	108,385.	68	207,333.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,288,140.	73 3,043,540.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,357,142.	74 3,122,909.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (15), 75b (X), 75c (X), and 75d (X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 contains 'NONE'.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b (N/A), 79, 80a, 80b, 81a (NONE), and 81b (X).

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 317,729.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed DC
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 53
91 a The books are in care of THE CHILDREN'S LAW CENTER Telephone no. 202-467-4900
Located at 616 H STREET, NW, SUITE 300 WASHINGTON, DC ZIP + 20001
b 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)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
- If "Yes," enter the name of the foreign country ▶ _____
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
- and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | NONE

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a LEGAL ASSISTANCE FEES					21,073.
b DC COURT CONTRACT					3,808,783.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	79,577.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	-21,968.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				57,609.	3,829,856.
105 Total (add line 104, columns (B), (D), and (E))					3,887,465.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer Date 4/15/08
JUDITH SANDALOW, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature <u>[Signature]</u>	Date <u>4/14/08</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) <u>P00308177</u>
Firm's name (or yours if self-employed), address, and ZIP + 4 <u>SQUIRE, LEMKIN + O'BRIEN, LLP</u> <u>111 ROCKVILLE PIKE, SUITE 475</u> <u>ROCKVILLE, MD 20850</u>	EIN <u>52-2041603</u>	Phone no <u>301-424-6800</u>	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization: **THE CHILDREN'S LAW CENTER, INC.**
Employer identification number: **52-1961588**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 13				

Total number of other employees paid over \$50,000 . . . ▶ **12**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . ▶ **NONE**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ **NONE**

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities (NONE); 2. Acts with contributors (2a-2e); 3a-3d. Grants and distributions; 4a-4c. Donor advised funds; 4d. Separate funds. All 'No' boxes are marked with 'X'.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends, amounts received from payments on securities loans; Net income from unrelated business activities; Tax revenues levied; The value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

Table for lines 26a-f: Organizations described on lines 10 or 11. Includes sub-rows for 26a (Enter 2% of amount in column (e), line 24), 26b (Prepare a list for your records to show the name of and amount contributed by each person), 26c (Total support for section 509(a)(1) test), 26d (Add: Amounts from column (e) for lines: 18, 19, 22), 26e (Public support), 26f (Public support percentage).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

Table for lines 27c-h: Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; Add: Line 27a total and line 27b total; Public support (line 27c total minus line 27d total); Total support for section 509(a)(2) test; Public support percentage (line 27e (numerator) divided by line 27f (denominator)); Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures to influence public opinion (36), Total lobbying expenditures to influence a legislative body (37), Total lobbying expenditures (38), Other exempt purpose expenditures (39), Total exempt purpose expenditures (40), Lobbying nontaxable amount (41), Grassroots nontaxable amount (42), Subtract line 42 from line 36 (43), and Subtract line 41 from line 38 (44).

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, and (e) Total. Rows include Lobbying nontaxable amount (45), Lobbying ceiling amount (46), Total lobbying expenditures (47), Grassroots nontaxable amount (48), Grassroots ceiling amount (49), and Grassroots lobbying expenditures (50).

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
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 other means
i Total lobbying expenditures (Add lines c through h.)

Table with 3 columns: Yes, No, and Amount. Rows correspond to items a through i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

THE CHILDREN'S LAW CENTER, INC.

Employer identification number

52-1961588

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization THE CHILDREN'S LAW CENTER, INC.

Employer identification number

52-1961588

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STEPHEN & DIANA GOLDBERG FOUNDATION 1615 M STREET, NW, SUITE 850 WASHINGTON, DC 20036	60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FREDDIE MAC FOUNDATION 8250 JONES BRANCH DRIVE MCLEAN, VA 22102	90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PRINCE CHARITABLE TRUSTS 816 CONNECTICUT AVENUE, NW WASHINGTON, DC 20006	50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	D.C. BAR FOUNDATION 1615 L STREET, NW, SUITE 850 WASHINGTON, DC 20036	278,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	EUGENE & AGNES MEYER FOUNDATION 1400 16TH STREET, NW, SUITE 360 WASHINGTON, DC 20036	25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	EQUAL JUSTICE WORKS 2120 L STREET, NW, SUITE 450 WASHINGTON, DC 20037	36,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE CHILDREN'S LAW CENTER, INC.

Employer identification number

52-1961588

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SKADDEN FELLOWSHIP FOUNDATION FOUR TIMES SQUARE NEW YORK, NY 10036	52,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CONTRIBUTIONS UNDER 2%	431,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	CONTRIBUTIONS UNDER 2%	9,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization THE CHILDREN'S LAW CENTER, INC.	Employer identification number 52-1961588
	Number, street, and room or suite no. If a P.O. box, see instructions. 616 H STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20001	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► THE CHILDREN'S LAW CENTER

Telephone No. ► 202 467-4900 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 05/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year _____ or
- tax year beginning 10/01, 2006, and ending 09/30, 2007.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL EVENT	29,565.	51,533.	-21,968.
TOTALS	29,565.	51,533.	-21,968.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

352.

TOTAL

352.

=====

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
JUDITH SANDALOW COMPENSATION:	87,151.	10,894.	10,894.
TOTALS	87,151.	10,894.	10,894.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
RECRUITING	1,436.	1,436.	NONE	NONE
TRANSPORTATION	119,712.	117,992.	1,538.	182.
CLIENT EXPENSES	28,329.	28,329.	NONE	NONE
STAFF COSTS	12,878.	11,195.	1,499.	184.
LEGAL LIBRARY	16,953.	16,751.	202.	NONE
INSURANCE	23,652.	21,557.	1,073.	1,022.
PROFESSIONAL DEVELOPMENT	31,696.	24,802.	5,334.	1,560.
MEMBERSHIP DUES	9,044.	7,884.	948.	212.
COST OF LITIGATION	13,021.	13,021.	NONE	NONE
BOARD DEVELOPMENT	3,369.	NONE	3,369.	NONE
LICENSES & PERMITS	260.	NONE	60.	200.
COMPUTER EXPENSES	2,888.	2,499.	335.	54.
PAYROLL PROCESSING FEES	4,579.	NONE	4,579.	NONE
INTERNET	7,821.	7,153.	306.	362.
TOY DRIVE EXPENSE	1,549.	80.	NONE	1,469.
CONSULTING SERVICES	135,373.	75,128.	40,475.	19,770.
BANK SERVICE CHARGES	2,309.	166.	2,143.	NONE
MOVING EXPENSE	33,184.	29,531.	2,288.	1,365.
TOTALS	448,053.	357,524.	64,149.	26,380.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE CHILDREN'S LAW CENTER (CLC) PROVIDES FREE LEGAL SERVICES TO LOW-INCOME, AT-RISK CHILDREN IN THE DISTRICT OF COLUMBIA AND THEIR FAMILIES, FOSTER AND KINSHIP CAREGIVERS. RECOGNIZING THAT ALL CHILDREN NEED A FOUNDATION OF LOVE, STABILITY AND SECURITY IN ORDER TO GROW INTO HEALTHY AND RESPONSIBLE ADULTS, OUR GOALS ARE TWO-FOLD:

- 1) TO FIND SAFE, PERMANENT AND LOVING HOMES FOR DC'S ABUSED AND NEGLECTED CHILDREN.
- 2) TO HELP AT-RISK CHILDREN GET THE EDUCATION, HEALTH CARE AND SOCIAL SERVICES THEY NEED TO FLOURISH.

TO ACCOMPLISH THESE GOALS, CLC'S ATTORNEYS FOCUS ON THE BEST INTEREST OF THE WHOLE CHILD, INTERESTS THAT OFTEN CUT ACROSS DIFFERENT LEGAL AND BUREAUCRATIC SYSTEMS. AS A RESULT, CLC HAS EXPERTISE IN MANY OF THE LEGAL AREAS THAT AFFECT A CHILD'S WELL BEING - ABUSE, NEGLECT, ADOPTION, CUSTODY, SPECIAL EDUCATION, MENTAL HEALTH, DOMESTIC VIOLENCE, PUBLIC BENEFITS AND DELINQUENCY.

AS COMMITTED AS CLC IS TO HELPING INDIVIDUAL CHILDREN, WE ARE EQUALLY COMMITTED TO SHARING OUR UNIQUE BREADTH OF KNOWLEDGE AND EXPERTISE WITH THE COMMUNITY, OTHER PROFESSIONALS AND POLICY MAKERS. CLC PROVIDES TRAINING AND TECHNICAL ASSISTANCE TO JUDGES, LAWYERS, MEDICAL STAFF, FOSTER PARENTS AND TEACHERS. IN ADDITION, CLC ADVOCATES FOR SYSTEMIC CHANGE AND EDUCATES POLICY MAKERS IN THE COURTS, WITH THE MAYOR'S OFFICE, DC COUNCIL AND US CONGRESS.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

FAMILY PERMANENCY PROJECT - CLC PROVIDES FREE HIGH QUALITY LEGAL ASSISTANCE TO FOSTER PARENTS, GRANDPARENTS, AND OTHER RELATIVES WHO WISH TO ADOPT OR TO OBTAIN LEGAL CUSTODY OF CHILDREN TRAPPED IN THE DC CHILD WELFARE SYSTEM AND CHILDREN AT-RISK OF ENTERING THE CHILD WELFARE SYSTEM. CLC RECRUITS, TRAINS, AND MENTORS VOLUNTEER ATTORNEYS FROM PROMINENT LOCAL LAW FIRMS ENABLING US TO SERVE MORE CHILDREN THAN OUR STAFF OF ATTORNEYS COULD DIRECTLY REPRESENT. EACH YEAR OUR PRO BONO PARTNERS DONATE HUNDREDS OF HOURS OF LEGAL SERVICES. THE CUMMULATIVE RESULT IS SAFE, PERMANENT HOMES, A FUNDAMENTAL BUILDING BLOCK FOR SUCCESSFUL CHILDHOOD DEVELOPMENT, FOR HUNDREDS OF CHILDREN.

PROGRAM SERVICE ACCOMPLISHMENT D

HEALTH ACCESS PROJECT - IN COLLABORATION WITH CHILDREN'S NATIONAL MEDICAL CENTER AND LA CLINICA DEL PUEBLO, THE HEALTH ACCESS PROJECT (HAP) HELPS POOR CHILDREN AND THEIR FAMILIES OVERCOME THE EFFECTS OF SOCIAL AND NON-MEDICAL FACTORS THAT NEGATIVELY IMPACT THEIR PHYSICAL WELL-BEING. WORKING IN A CLINICAL SETTING AND ACCEPTING REFERRALS DIRECTLY FROM PERSONNEL, CLC STAFF LAWYERS FIGHT THE LEGAL AND ADMINISTRATIVE BATTLES NECESSARY TO IMPROVE A CHILD'S HEALTH IN WAYS THAT PILLS OR SURGERY DO NOT ADDRESS. IT IS THIS MEDICAL-LEGAL COLLABORATION THAT CREATES A MORE EFFECTIVE MODEL FOR ADDRESSING THE ROOT CAUSES OF AN IMPOVERISHED CHILD'S POOR HEALTH. HAP ENSURES THAT THE SERVICES PROVIDED BY MEDICAL STAFF ARE NOT UNDERMINED BY SUCH SYSTEMATIC ISSUES AS INAPPROPRIATE SCHOOL PROGRAMS OR ILLEGAL, UNHEALTHY ENVIRONMENTS.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CONSORTIUM		10,720.
TOTALS		10,720.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

ANNUAL EVENT EXPENSE

51,533.

TOTAL

51,533.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

ANNUAL EVENT EXPENSE

51,533.

TOTAL

51,533.
=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JUDITH SANDALOW 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	EXECUTIVE DIRECTOR 40.00	108,939.	3,000.	NONE
WAYNE R. CURTIS 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	CHAIR 2.00	NONE	NONE	NONE
THOMAS N. BULLEIT, JR. 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	SECRETARY 1.00	NONE	NONE	NONE
TAMARA COPELAND 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
DONNA DONLON 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
JANET EAKES 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
VICKI SCHEER FOSTER 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
NINA GROSS 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
TONY HOLLINGER 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
ED LAZERE 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
JAMES R. MARSH 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
BOB PECK 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
CHARLES F. RULE 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
NANCY SIDAMON-ERISTOFF 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
MARIELLA TRAGER 616 H STREET, NW, SUITE 300 WASHINGTON, DC 20001	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS		108,939.	3,000.	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	LEGAL ASSISTANCE FEES - FEES PAID BY THE DISTRICT OF COLUMBIA TO OFFSET THE COST OF PROVIDING LEGAL SERVICES TO CHILDREN IN SPECIAL EDUCATION MATTERS.
93B	DC CONTRACT - CONTRACT WITH THE DISTRICT OF COLUMBIA SUPERIOR COURT FOR PROVIDING LEGAL SERVICES TO ABUSED AND NEGLECTED CHILDREN.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MICHELE BALLOTTA 616 H STREET, NW SUITE 300 WASHINGTON, DC 20001	DEVELOPMENT DIRECTOR 40.00	95,843.	2,835.	NONE
GARY GOLD 616 H STREET, NW SUITE 300 WASHINGTON, DC 20001	COO 40.00	87,158.	2,615.	NONE
JENNIFER DI TORO 616 H STREET, NW SUITE 300 WASHINGTON, DC 20001	LEGAL DIRECTOR 40.00	77,068.	2,273.	NONE
CHRISTINE SMITH 616 H STREET, NW SUITE 300 WASHINGTON, DC 20001	GAL PROJECT DIRECTOR 40.00	74,543.	2,200.	NONE
SEAN STAPLES 616 H STREET, NW SUITE 300 WASHINGTON, DC 20001	SUPERVISING ATTORNEY 40.00	72,406.	1,925.	NONE
TOTAL COMPENSATION		407,018.	11,848.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

COMPENSATION OF EXECUTIVE DIRECTOR.

SCHEDULE A, PART IV-A - OTHER INCOME

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DESCRIPTION	2005	2004	2003	2002	TOTAL
-----	----	----	----	----	-----
MISCELLANEOUS INCOME		1,674.	518.	1,086.	3,278.
TOTALS		1,674.	518.	1,086.	3,278.
		=====	=====	=====	=====