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OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service 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

Return of Organization Exempt From Income Tax

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

Inspection

A F	or the 2	2015 cal	endar year, or tax year beginning 07-01-2015 , and ending 06-30-2016						
B Check if applicable			C Name of organization California Womens Law Center	D Emp	loyer ide	entification number			
Address change				95-	95-4204490				
<u> </u>	ame cha	•	Doing business as						
Initial return Final				E Teler	E Telephone number				
_	termina [*]		Number and street (or P O box if mail is not delivered to street address) Room/suite 360 N Sepulveda Blvd	·	(323) 951-1041				
	nended r	return pending	City or town, state or province, country, and ZIP or foreign postal code	(32.	,,,,,,,	1041			
I Ap	plication	pending	El Segundo, CA 90245	G Gros	s receipts	\$ 1,795,132			
			F Name and address of principal officer	H(a) Is this a grou	ın retur	n for			
				subordinates	•	⊤ Yes 🔽			
				No					
I Ta	x-exemp	pt status	✓ 501(c)(3)	H(b) Are all subor included?	umates	⊤Yes 🗸 No			
	ebsite:	:▶ wwv	v cwlc ora	•		(see instructions)			
			h	H(c) Group exem					
K For	n of orga	anızatıon	Corporation Trust Association Other ▶	L Year of formation		1 State of legal domicile			
Da	rt I	Sum	mary						
-			cribe the organization's mission or most significant activities						
			rnia Womens Law Center breaks down barriers and advances the potential	of women and girl	s throug	gh transformative			
	liti	ıgatıon,	policy advocacy and education						
)Ce	-								
E .	_								
¥e	2 C	heck th	is box ▶ ☐ if the organization discontinued its operations or disposed of n	nore than 25% of	ts net a	issets			
Activities & Governance									
න් ග	3 N	umber d	f voting members of the governing body (Part VI, line 1a)		3	18			
tre.	4 N	umber d	f independent voting members of the governing body (Part VI, line 1b) $$.		4	18			
3	5 To	otal nun	nber of individuals employed in calendar year 2015 (Part V, line 2a) .		5	8			
AC	6 T	otal nun	nber of volunteers (estimate if necessary)		6				
	7a ⊤∈	otal unr	elated business revenue from Part VIII, column (C), line 12		7a	0			
	b Ne	et unrela	ted business taxable income from Form 990-T, line 34		7b				
				Prior Year		Current Year			
_	8	Contri	butions and grants (Part VIII, line 1h)	249	9,070	235,565			
Ravenue	9	Progra	m service revenue (Part VIII, line 2g)	66	5,291	1,375,727			
ðΛċ	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		19	161			
æ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	170	,844	156,523			
	12	Total r 12)	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line	486	5,224	1,767,976			
	13		and similar amounts paid (Part IX, column (A), lines 1-3)			0			
	14		ts paid to or for members (Part IX, column (A), line 4)			0			
\$ 2	15		es, other compensation, employee benefits (Part IX, column (A), lines	24:	1,930	361,017			
MS(16a	,	sional fundraising fees (Part IX, column (A), line 11e)			0			
Expenses	ь		ndraising expenses (Part IX, column (D), line 25) ▶40,668						
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	219	,123	432,191			
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	46:	1,053	793,208			
	19		ue less expenses Subtract line 18 from line 12	2!	5,171	974,768			
8 8				Beginning of Curren	t Year	End of Year			
ang et			-						
Net Assets or Fund Balances	20		assets (Part X, line 16)		3,342	1,131,331			
≅ਛ	21		T. (5	26	838,	14,171			
		Not ac	labilities (Part X, line 26)						
	22		sets or fund balances Subtract line 21 from line 20		L,504	1,117,160			
Pa	t II	Sign	sets or fund balances Subtract line 21 from line 20 ature Block		1,504	1,117,160			
Pa Unde	rt II r penal	Sign:	sets or fund balances Subtract line 21 from line 20 ature Block perjury, I declare that I have examined this return, ir		1,504	1,117,160			
Pa Unde my k	r t III r penal nowlede	Sign Ities of p ge and b	sets or fund balances Subtract line 21 from line 20 ature Block		504	1,117,160			
Pa Unde my k	r t III r penal nowlede	Sign Ities of p ge and b	sets or fund balances Subtract line 21 from line 20		1,504	1,117,160			

Here	

Elizabeth Butler Executive Director Type or print name and title Print/Type preparer's name Michael A Michner Preparer's signature Michael A Michner

Paid	l
Prep	oarer
Use	Only

Firm's name Michael A Michner CPA APC Firm's address ► 10563 Amberwood Lane

Northridge, CA 913263941 May the IRS discuss this return with the preparer shown above? (see in

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📽	2	Yes	
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 2	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D. Part III	8		No
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		No
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		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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		No
	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 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part IV	Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

	<u> </u>			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Paits I and II	21	·	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

No
No

Νo

Νo

Nο

Νo

Nο

Νo

Nο

Nο

Νo

Νo

Νo

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Νo

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Νo

Nο

Nο

24d

25a

25b

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28a

28b

28c

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35a

35b

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Yes

Form 990 (2015)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V		 Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5		163	140
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	,		
С	Did th	e organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gamın	g (gambling) winnings to prize winners?	1 c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	3		
b	Ifatle	east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Νo
4a	over,	y time during the calendar year, did the organization have an interest in, or a signature or other authority a a financial account in a foreign country (such as a bank account, securities account, or other financial nt)?	4a		No
b		s," enter the name of the foreign country istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ()			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			
			5c		
	organı	the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions?	6a		No
	were r	s, did the organization include with every solicitation an express statement that such contributions or glits not tax deductible?	6b		
	-	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	servic	res provided to the payor?	7b		110
		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Fo	rm 8282?	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $$. $$.	7 f		No
g	If the require	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as ed?	7 g		No
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	7h		No
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time i the year?	8		No
9 a	Dıd th	e sponsoring organization make any taxable distributions under section 4966?	9a		No
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section	on 501(c)(7) organizations. Enter			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a			
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	_		
11		on 501(c)(12) organizations. Enter			
		Income from members or shareholders	-		
D		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	-		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		No
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		organization licensed to issue qualified health plans in more than one state? Note. See the instructions for onal information the organization must report on Schedule O	13a		No
b		the amount of reserves the organization is required to maintain by the states			
_		ch the organization is licensed to issue qualified health plans			
		the amount of reserves on hand	 44-		N a
		e organization receive any payments for indoor tanning services during the tax year? s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No
0	T1 1 G	5, has termed a form 720 to report these payments. If two, provide all explanation in schedule 0.	1 770		

Form 990 (2015) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 18								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
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?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ie Cod	e.)					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
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?								
а	The organization's CEO, Executive Director, or top management official	15a		No					
b	Other officers or key employees of the organization	15b		No					
	Other officers of key employees of the organization								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a		16 a		No					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			No					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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		No					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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		No					

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶Taylor I kemiya 360 N Sepulveda Blvd 2070 Los Angeles, CA 90048 (323) 951-1041

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

Own website Another's website Upon request Other (explain in Schedule O)

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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 no		ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	е
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Victor George	0 00								0	
Director	0 00	X						0	0	0
(2) Theane Evangelis	0 00	x						0	0	0
Director	0 00									
(3) Lois Thompson	5 00	,		l ,,						
President	0 00	X		×				0	0	0
(4) Esra Hudson	0 00									
Director	0 00	Х						0	0	0
(5) Christa Demeke	0 00									
Director	0 00	Х						0	0	0
(6) Tony Blain	0 00	V							0	
Director	0 00	X						0	0	0
(7) Samantha Caldwell	0 00									
Director	0 00	Х						0	0	0
(8) Rasha Gerges Shields	0 00									
Director	0 00	X						0	0	0
(9) Bethany Kristovich	0 00									
Director	0 00	X						0	0	0
(10) Cathy Kım	2 00									
Secretary	0 00	Х		×				0	0	0
(11) Mira El Sonbaty	2 00									
Vice President	0 00	X		X				0	0	0
(12) Chris Hollinger	2 00									
Treasurer	0 00	X		×				0	0	0
(13) Lisa Gilford	0 00	х						0	0	0
Director	0 00									
(14) Laura Petroff	0 00	Х						0	0	0
Director	0 00	^								
										Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe	han erso cer tor/t	not one n is and rus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estin	int of ner nsation i the zation elated
(15) Pamela Palmer	0 00	х						() 0		0
Director	0 00										
(16) Edie Mermelstein	0 00	x						(0		0
Director (17) Erika Norman	0 00										
•••••		×						· c	0		0
Director (18) Anna Menedjian	0 00										
		×						ď	0		0
Director	0 00										
1b Sub-Total	c, Section A	 se list	· 	bove	e) w	ho red	ceiv	ed more than			
										Yes	No

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 3 Νo 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 I for such 4 Νo 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 Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(c)
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 \triangleright 0

Form 99								Page 9
Part V	/111	Statement o			and the Doub VIII			_
		Check IT Schedu	<u>ule O contains a respon</u>	se or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- ×	1a	Federated cam	oaigns 1a					
Grants mounts	b	Membership du	es 1b					
Ę.	c	Fundraising eve	ents 1c					
iffs ar A	d	Related organiz	ations 1d					
S, G ≡	e	Government grants	(contributions) 1e					
ion r Si	f		ons, gifts, grants, and 1f	235,565				
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts no	ot included above					
a do	-	1a-1f \$						
Cont	h	Total. Add lines	3 1a-1f		235,565			
Πe		0 1 116	_	Business Code				
Program Service Revenue	2a b	Court awarded fee Cy Pres Award	<u> </u>		1,342,754 32,973	1,342,754		
oğ.	C	Cy Pies Awaiu			32,973	32,973		
Ž V	d		_					
<i>3</i> 6 =	e	_						
grar	f	All other progra	ım service revenue					
Ě	g	Total. Add lines	L 3 2a-2f	▶	1,375,727			
	3	Investment inc	ome (including dividend	s, interest,	161	161		
	4		ar amounts) tment of tax-exempt bond p	F	0	101		
	5			▶	0			
			(ı) Real	(II) Personal				
	6a	Gross rents	67,555					
	ь	Less rental expenses						
	c	Rental income or (loss)	67,555					
	d		me or (loss)		67,555	67,555		
	_	Cuana	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	c d	Gain or (loss)	s)		0			
Other Revenue		Gross income f events (not inc	rom fundraising					
ier Re		See Part IV, lin	e 18 a	112,606				
\$	b c		penses b loss)from fundraising e	27,156	85,450			
			rom gaming activities	vents p	33,133			
			a					
	1		penses b [loss)from gaming activ	uties	0			
				tiles				
	10a	Gross sales of returns and allo						
	b c		loss) from sales of inve	ntory ▶	0			
	44-	Miscellaneous	Revenue	Business Code	3,518	3,518		
	11a b	Miscellaneous			3,310	3,310		
	c							
	d	All other revenue	ле					
	e	Total. Add lines	3 11a-11d	🕨	3,518			
	12	Total revenue.	See Instructions		1,767,976	1,446,961		
	4			l l	-, , 0	, ,		

Part IX Statement of Functional Expenses

,	3 I (3)(3) and 3 3 I (3)(17 organizatione in	acc complete	an column	,,,,, 0 0.	9	 	,	 	~ ,	··/		
	Check if Schedule C) contains a respoi	nse or note to	any line in t	hıs Part IX						-		
	_												

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15				
_	and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
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			
7	Other salaries and wages	313,884	282,496	3,138	28,250
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	18,657	16,418	187	2,052
10	Payroll taxes	28,476	25,628	285	2,563
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	0			
С	Accounting	5,700		5,700	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	5,600		5,600	
12	Advertising and promotion	0			
13	Office expenses	4,784	4,306	478	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	6,671	6,671		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	529		529	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	955	860	95	
23	Insurance	2,822	2,540	282	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Outside services	160,682	160,682		
b	Rent and parking	128,393	109,134	12,839	6,420
c	Contract personnel	63,049	63,049		
d	Promotion	23,888	23,888		
е	All other expenses	29,118	24,968	2,767	1,383
25	Total functional expenses. Add lines 1 through 24e	793,208	720,640	31,900	40,668
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)				

Form 990 (2015)	Page 1 1				
Part X	Balance Sheet					
	Check if Schedule O contains a response or note to any line in this Part X $$. $$.					
		(A) Beginning of year		(B) End of year		
1	Cash-non-interest-bearing	37,024	1	273,374		
2	Savings and temporary cash investments	30,456	2	675,612		
3	Pledges and grants receivable, net		3	0		
4	Accounts receivable, net	56,942	4	15,671		
5	Loans and other receivables from current and former officers, directors, trustees,					

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29

30 31

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33

141,504

168,342

13,280

2,686

27,954

168,342

1,297

25 541

26,838

80,117

78,386

10a 10b O

0

0

4.654

1,731

155,8**1**5

n

0

4,474

3,076

11,095

14,171

1.117.160

1,117,160

1,131,331

Form 990 (2015)

1,131,331

key employees, and highest compensated employees. Complete Part II of

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' beneficiary organizations (see instructions) Complete Part

	ts	
	Assets	
_		

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Net Assets or Fund Balances

II of Schedule L

Notes and loans receivable, net ...

Complete Part VI of Schedule D

Less accumulated depreciation .

Other assets See Part IV, line 11

Prepaid expenses and deferred charges

Investments—publicly traded securities

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

persons Complete Part II of Schedule L

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use

Intangible assets .

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis

Single Audit Act and OMB Circular A-133?

basis, consolidated basis, or both c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Both consolidated and separate basis

2b

2c

3a

3b

Yes

Yes

Nο

Form 990 (2015)

etile	GRAPHIC	print -	DO NOT	PROCESS	As Filed	i Data

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

www.irs.gov/form990.

described in section 170(b)(1)(A)(vi). (Complete Part II)

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

DLN: 93493022003517

95-4204490

SCHEDULE A (Form 990 or 990EZ)

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.

2015
Open to Public Inspection

Treasury
Internal Revenue Service

Name of the organization
California Womens Law Center

Department of the

Part I

1

2

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

Employer identification number

9	Γ	An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30,1975 Seesection 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 organi	zed and opera	ated exclusively to tes	t for public safe	ety Śee sect i	ion 509(a)(4).						
11 a b	Г	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You											
	I												
c d e	Г Г	must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization											
				, ,	5 5								
f -	Ente	r the number of support	-										
g		Provide the following in	niormation ab	out the supported orga	anization(s)								
(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	Is the orga listed in your	(iv) Is the organization Ilsted in your governing document? (see instructions)		(vi) A mount of other support (see instructions)						
					Yes	No							
Tota	ıl												
For F	Paperw	vork Reduction Act Noti	ce, see the In	nstructions for Form 99	90 or 990EZ.	Cat No 1:		990 or 990-EZ) 2015					

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 38

1	membership fees received (Do not include any unusual grants)	217,645	281,585	343,023	249,070	235,565	1,326,888
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	217,645	281,585	343,023	249,070	235,565	1,326,888
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)						0
6	Public support. Subtract line 5 from line 4						1,326,888
5	Section B. Total Support						
(0	Calendar year r fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4	217,645	281,585	343,023	249,070	235,565	1,326,888
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties	276	142	55	19	1,049	1,541

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						C
6	Public support. Subtract line 5 from line 4						1,326,888
S	ection B. Total Support	•	•	•	•		
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) ⊤otal
7	7 A mounts from line 4	217,645	281,585	343,023	249,070	235,565	1,326,888
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	276	142	55	19	1,049	1,541
9							C
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,331	3,246	9,062	6,112	3,518	24,269
11	Total support. Add lines 7 through 10						1,352,698
12	Gross receipts from related activiti	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is	for the organizati	on's first, second	, third, fourth, or f	fifth tax year as a	section 501(c)(3	B) organization,
	check this box and stop here					▶ □	

	and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly							0
10	carried on Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part VI)	2,331	3,246	9,062	6,112		3,518	24,269
11	Total support. Add lines 7 through 10							1,352,698
12	Gross receipts from related activit	ies, etc (see inst	tructions)			12		
13	First five years.If the Form 990 is	5	•		•		(c)(3) organization,
	check this box and stop here			<u> </u>		<u></u>	Щ.	
S	ection C. Computation of Pu	blic Support I	Percentage					
14	Public support percentage for 201	5 (line 6, column	(f) divided by line	11, column (f))		14		98 090 %
15	Public support percentage for 201	4 Schedule A , Pa	rt II, line 14			15		98 240 %

1 1 16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶▽ and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)	(-)	(-)	(-/	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons Amounts included on lines 2 and						
U	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						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support		Т			_	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
•	iscal year beginning in) ▶		, ,	, ,	. , ,	· , ,	+ ` ′
9	Amounts from line 6						
.0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years.If the Form 990 is f	or the organization	n's first, second	. third. fourth, or f	ifth tax vear as a	section 501(c)(3) organization.
	check this box and stop here	or the organization	511 5 111 5 C ₁ 5 C C G 11 G	, cilii a, loai cili, oi l	men can year as e	3 3 5 5 5 6 7 7 7 7 7 7 7	>(5) organizacion,
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		14-1	
	• • • •	•		13, column (1))		15	
16	Public support percentage from 20:					16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	ın (f))	17	
18	Investment income percentage from		• •	•		18	
	· -				line 15 is more		and line 17 is not
17d	33 1/3% support tests—2015.If the						- -
h	more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	-		•		-	▶ 3 1/3% and line
ט		-					
20	18 is not more than 33 1/3%, check			•			
	- Filivate i vunuativii. II tile (III dill / dill	on ara not check	a DOX OH HHE 14	. 120. UL 130. CNE	.ck unis dux and	ace instruction	o = "

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	A re all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		Yes	No
2	describe the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under	1		
	section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$?	3b		
c	If "Yes," describe in Part VI when and how the organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		<u> </u>	l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?		_	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

	,			9	9		(
Section	n R	Tyna	T	Suni	nortina	Orga	nization	_

	г		Yes	NI -
				No
If or ap	ppoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? f "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the rganization's activities. If the organization had more than one supported organization, describe how the powers to ppoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or estrictions, if any, applied to such powers during the tax year	1		
th <i>If</i>	old the organization operate for the benefit of any supported organization other than the supported organization(s) hat operated, supervised, or controlled the supporting organization? f "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that perated, supervised or controlled the supporting organization	2		

Saction	^	Typo	TT	Supporting	Organizations
Section	٠.	ivbe		Suppoi una	Organizacions

			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or				
	trustees of each of the organization's supported organization(s)?				
	If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons				
	that controlled or managed the supported organization(s)	1			

Section	n	All Ty	na TTT	Sunna	rtina	Organ	nizations
Section	υ.	~II I V	N-C TTT	JUDDU	u ciiia	Oluai	IIZALIVIIS

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to	satisfy the Integral Part	t Test during the year	(see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

2	Activities rest	_Answer (a) and (b) below.	
2	Did substantially	all of the organization's activities during the tay year directly further the exempt numbers of the	Ī

supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the			
organization determined that these activities constituted substantially all of its activities	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have			
engaged in these activities but for the organization's involvement	2b		

- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3а each of the supported organizations? Provide details in Part VI
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		·	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly further		orted organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		723	, <u>,</u>
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributions of prior years			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2			
(ıf amount greater than zero, see ınstructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7		<u> </u>	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) (2015

DLN: 93493022003517

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

Political Campaign and Lobbying Activities

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

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

	Section 501(c)(4), (5), or (6) orga	• •					
	me of the organization fornia Womens Law Center				Employer iden	tification numb	er
					95-4204490		
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c) or is a s	ection 527	organizatio	n.
1	Provide a description of the org	ganization's direct and indirect politic	al campaign activ	vities in Par	t IV		
2	Political expenditures				>	\$	
3	V olunteer hours						
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).			
1	Enter the amount of any excise	e tax incurred by the organization und	er section 4955		>	\$	
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	•	\$	
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?			☐ Yes	✓ No
4 a	Was a correction made?					☐ Yes	✓ No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c), except	section 50	1(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exempt	function ac	tivities 🕨	\$	
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to oth	ner organizations	for section	527 ►	\$	
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	POL, line	17b ►	\$	
4	Did the filing organization file F	orm 1120-POL for this year?				Yes	No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fror rectly delivered t	n the filing o o a separate	organization's f e political orga	funds Also ente inization, such a	r the
	(a) Name	(b) Address	(c) EIN	filing org	int paid from Janization's one, enter -0-	(e) A mount of contributions and promp directly delived separate proganization enter -	received tly and ered to a olitical If none,
2							
3							
4							
5							

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

	expenses, and share of excess lob	bying expenditures)	matea group member 3 na	me, address, ETN
В	Check 🕨 🗌 if the filing organization checked b	ox A and "limited control" provisions apply		
	Limits on Lobb (The term "expenditures" n	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public lobbying)	584		
b	Total lobbying expenditures to influence a legis	lative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	b)	584	
d	Other exempt purpose expenditures	792,624		
е	Total exempt purpose expenditures (add lines :	793,208		
f	Lobbying nontaxable amount Enter the amount	from the following table in both columns	143,981	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	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 \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of l	ne 1f)	35,995	
h	Subtract line 1g from line 1a If zero or less, en	ter -0-		
i	Subtract line 1f from line 1c If zero or less, ent	er -0-		
j	If there is an amount other than zero on either l reporting section 4911 tax for this year?	ine 1h or line 1i, did the organization file Form 4	1720	

√ No

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
	Lobbying Exper	nditures During	4-Year Aver	aging Period	1				
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c)2014	(d) 2015	(e) Total			
2a	Lobbying nontaxable amount				143,981	143,981			

	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
	Lobbying Expe	nditures During	4-Year Avera	aging Period				
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c)2014	(d)2015	(e) Total		
2a	Lobbying nontaxable amount				143,981	143,981		
b	Lobbying ceiling amount (150% of line 2a, column(e))					215,972		
_с	Total lobbying expenditures				584	584		
d	Grassroots nontaxable amount				35,995	35,995		

Return Reference

	dule C (Form 990 or 990-EZ) 2015				Ρa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TOP				
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	1	(b)	
ctiv		Yes	No		moun	t
1	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	103				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5),	or se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
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).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
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				
	art IV Supplemental Information					
	evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ın lıct\	Dart I	T_A !	inec 1	
	see instructions), and Part II-B, line 1. Also, complete this part for any additional information	וף ווסנ),	, alt I.	± 'A, II	11169 1	anu

Explanation

SCHEDULE D e

(Form 990)

Treasury

Department of the

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493022003517

	2010
	Open to Public
ov /form 990.	Inspection

	ame of the organization Ilfornia Womens Law Center		Empl	oyer identification number
Cui				204490
Pa		or Advised Funds or Other Similar I red "Yes" on Form 990, Part IV, line 6.	unds o	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to		nor advis	sed Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	e benefit of the donor or donor advisor, or for a	any othei	Yes No
Pa	rt II Conservation Easements. Comp	lete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by t			
	Preservation of land for public use (e.g., receducation)		an histor	ically important land area
	Protection of natural habitat	<u> </u>		d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	nheld a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
a	Total number of conservation easements		2a	
Ь	Total acreage restricted by conservation easem		2b	
c	Number of conservation easements on a certifie Number of conservation easements included in	, ,	2 c	
d	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or terminat	ted by th	e organization during the
	tax year ▶			
1	Number of states where property subject to con-	servation easement is located >		
5	Does the organization have a written policy rega violations, and enforcement of the conservation		ndling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring year	, inspecting, handling of violations, and enfor	cing cons	servation easements during the
	>			
7	A mount of expenses incurred in monitoring, insp	pecting, handling of violations, and enforcing	conserva	ation easements during the year
	▶ \$			
3	Does each conservation easement reported on I (B)(I) and section $170(h)(4)(B)(II)$?	line 2(d) above satisfy the requirements of se	ction 17	0 (h)(4) Yes No
•	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's financia	•	·
a i		ctions of Art, Historical Treasures, red "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
La	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foo	ir assets held for public exhibition, education	, or resea	arch in furtherance of public

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ _

	Caule B (Form 590) 2013	0.11					- 0:1				raye Z
Par	t IIII Organizations Maintaining (continued)	Collections of Art,	Histor	icai	Trea	sures,	or Oth	ner Simil	ar Asse	ets	
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other records	, check	any o	f the f	ollowing t	hat are	e a significa	ant use of	its	
а	Public exhibition		d \lceil	- Loa	an or e	xchange	progra	ms			
b	Scholarly research		е Г	O tl	ner						
c	Preservation for future generations										
4	Provide a description of the organization Part XIII	's collections and explain	how the	y furt	her the	e organız	atıon's	exempt pu	rpose in		
5	During the year, did the organization soli assets to be sold to raise funds rather th							ımılar	Yes	□No	,
Pa	rt IV Escrow and Custodial Arra Complete if the organization Part X, line 21.		m 990,	, Part	: IV, I	ıne 9, o	r repo	rted an a	mount o	n Forn	n 990,
1a	Is the organization an agent, trustee, cur included on Form 990, Part X?	stodian or other intermed	lary for d	contril	oution	s or othe	r asset		Yes	┌ No	•
b	If "Yes," explain the arrangement in P	art XIII and complete the	e followii	ng tab	le		[A moun	t	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount o	on Form 990, Part X, line	21, for e	scrow	orcu	stodial a	ccount	liability?	Yes	☐ No	•
b	If "Yes," explain the arrangement in Part	XIII Check here if the e	xplanati	on ha	s beer	n provide	d ın Pa	rt XIII .			
Pa	art V Endowment Funds. Comple										
		(a)Current year (b) Prior ye	ar	b (c) ⊺	wo years l	oack (d	I)Three years	back (e) Four ye	ars back
1 a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the	current year end balance	(line 1g	, colu	mn (a))) held as					
а	Board designated or quasi-endowment 🕨	•									
b	Permanent endowment ▶										
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%									
За	Are there endowment funds not in the po	·	ion that	are he	eld and	d adminis	tered f	or the			
	organization by	socoonon or the organizat	ion enac	u. c		a dammi		01 1110		Yes	No
	(i) unrelated organizations			•					3a(i)		
	(ii) related organizations					•			3a(ii)		
b	· · · · · · · · · · · · · · · · · ·				ξ?.				. 3b		
4	Tt VI Land, Buildings, and Equip		willent	unus							
٠.	Complete if the organization		n 990,	Part :	[V, lir	ne 11a.S	ee Fo	rm 990, P	art X, lıı	ne 10.	
	Description of property		Cost		er basis		her bası	Accur	nulated		ok value
	Land					(00)	,	1			
	Buildings										
	Leasehold improvements										
	Equipment							1			
	Outlean						80,117	,	78,386		1,731
	al. Add lines 1a through 1e (Column (d) mus		column (i	B), line	= 10(c))					1,731

	Investments—Other Securities. Co	implete if the org		
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	у	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financia	I derivatives			,
	held equity interests			
(3) 0 ther				
Total. (Colum	an (b) must equal Form 990, Part X, col (B) line 12)	•	155,815	
Part VIII	Investments—Program Related.			
	Complete if the organization answere	d 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Colum	an (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organization		n Form 990, Part IV, line 1	
	(a) Desc	cription		(b) Book value
Total. (Colum	mn (b) must equal Form 990. Part X. col (B) line	15)		
Part X	Other Liabilities. Complete if the org See Form 990, Part X, line 25.	ganization answer	red 'Yes' on Form 990, Pa	
	Other Liabilities. Complete if the org		red 'Yes' on Form 990, Pa	
Part X	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	ganization answer	red 'Yes' on Form 990, Pa	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	ue	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	red 'Yes' on Form 990, Pa	
Part X	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	ue	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	ue	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	ue	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	ue	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	ue	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	ue	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	ue	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	ue	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	ganization answer	ue	
Part X 1. Federal inco	Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability Dome taxes	(b) Book val	ue	

Return Reference

1

1,768,864

1

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 888		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	888
3	Subtract line 2e from line 1	3	1,767,976
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,767,976
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	793,208
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)............. 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	793,208
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	793,208
		•	
Par	Supplemental Information		
Part	ude the descriptions required for Part II, lines $3,5$, and 9 , Part III, lines $1a$ and 4 , Part IV, lines $1b$ and 2 V, line 4 , Part X, line 2 , Part XI, lines $2d$ and $4b$, and Part XII, lines $2d$ and $4b$. Also complete this part to mation		de any additional

Explanation

Total revenue, gains, and other support per audited financial statements . . .

Schedule D (Form 990) 2015	Page 5		
Part XIII Supplemental Information	on (continued)		
Return Reference	Explanation		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493022003517

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

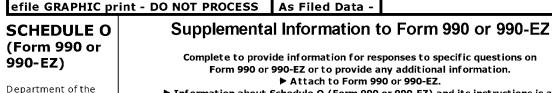
Internal Revenue Service Information abo			It Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990						
Name of the organization California Womens Law Cente		enter					' '	ntification number	
_						95-4204490			
Pa		ig Activities. Comple Z filers are not requir				" on Form	n 990, Part I\	/, line 17.	
1	Indicate whether the	e organization raised fun	ds through	n any of th	ne following activities	Check all t	hat apply		
а	Mail solicitation	ns	e Solicitation of non-government grants						
b	Internet and em	naıl solicitations	f Solicitation of governme			nt grants			
c	Phone solicitati	ons	g ☐ Special fundraising ever			:s			
d	In-person solic	itations	ions						
2 a		i have a written or oral ag sted in Form 990, Part V					•	es √ No	
b		n highest paid individuals at least \$5,000 by the o			isers) pursuant to agre	ements ur	nder which the f	undrais er is	
(i) Name and address of Individual or entity (fundraiser)			(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)		(vi) A mount paid to (or retained by) organization	
1			Yes	No					
2									
3									
4									
5									
6									
7									
8									
9									
10									
Tota	I	I	1	•					
	ist all states in which egistration or licensi	h the organization is regi ng	stered or	licensed	to solicit contributions	or has bee	n notified it is	exempt from	

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

	receipts greater than \$5,000		on Form 990-EZ, line	s I and 6b. List ever	its with gross	
		(a)Event #1	(b) Event #2	(c)O ther events	(d) Total events (add col (a) through	
a)		(event type)	(event type)	(total number)	col (c))	
Revenue	1 Gross receipts	112,606			112,606	
	2 Less Contributions	112,606			112,606	
	4 Cash prizes					
	5 Noncash prizes					
S	6 Rent/facility costs					
Expenses	7 Food and beverages					
ă	8 Entertainment					
Died Died	9 Other direct expenses	27,156			27,156	
ā	10 Direct expense summary Add lines 4	through 9 in column (d)		27,156	
	11 Net income summary Subtract line 1	0 from line 3, column (d)		85,450	
Paı	Complete If the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	re than \$15,000 on	
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))	
2	1 Gross revenue					
uses	2 Cash prizes					
Expenses:	3 Noncash prizes					
Direct	4 Rent/facility costs					
<u> </u>	5 Other direct expenses					
	6 Volunteer labor	├ Yes%	├ Yes <u> %</u> ├ No	│ Yes% │ No		
	7 Direct expense summary Add lines 2	? through 5 ın column (d)			
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)			
9 a	Enter the state(s) in which the organization licensed to conduct				□ Yes □ No	
b	If "No," explain					
					I	
LOa	Were any of the organization's gaming li	•		the tax year?	Yes No	
b	If "Yes," explain					



2015
Open to Public Inspection

DLN: 93493022003517

Employer identification number

95-4204490

Treasury
Internal Revenue
Service

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

990 Schedule O, Supplemental Information

Name of the organization California Womens Law Center

Return Reference

Explanation

Form 990, Part VI, Line 11b Form 990
Review Process

Form 990, Part VI, Line 11b Form 990
Review Process

Form 990, Part VI, Line 12c
Explanation of Monitoring and
Enforcement of Conflicts

Explanation

Form 990 is prepared by an independent CPA, review ed and approved by management and submitted to Board of Directors Executive Committee for final approval A copy of the final Form 990 is then provided to all board members prior to it being filed

A conflict of interest policy has been approved by the Board of Directors on 9/17/14 A conflict of interest disclosure statement is furnished annually to each director, officer, and key employees. The forms are review ed and signed with any conflicts noted and returned.

to a staff member who handles board affairs

990 Schedule O, Supplemental Information

Return Reference

Form 990, Part VI, Line 18 Explanation of Other Means Forms Available For Public Inspection	A w ritten w histleblow er policy w as approved by the Board of Directors on 9/17/14
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Governing documents, conflict of interest policies, and financial statements are available

general public, CWLC

Explanation

will provide access to these documents as required by law

to executive staff and the Board of Directors. Upon request from the