2018 Exempt Organization Business Tax Return prepared for:

CALIFORNIA WOMENS LAW CENTER 360 NORTH PACIFIC COAST HIGHWAY, #2070 EL SEGUNDO, CA 90245

Dale G. Sloss, CPA, A Professional Corp P.O. Box 217 Penryn, CA 956630217

_	990
Form	330

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
Co to unum its gov/Form990 for instructions and the latest information

Open to Public

Inter	nal Rever	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest			Inspection
A	For the	e 2018 cale	ndar year, or tax year beginning $Jul \ 1$, 2018, and ending	ng Ju	n 30	,20 19
В	Check if	f applicable:	C Name of organization CALIFORNIA WOMENS LAW CENTER		D Employ	er identification number
	Address	s change	Doing business as			204490
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/st	uite	E Telepho	ne number
	Initial re	turn	360 NORTH PACIFIC COAST HIGHWAY 2070		(323)951-1041
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	EL SEGUNDO, CA 90245		G Gross re	eceipts \$ 769,918.
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a g	roup return for	subordinates? 🗌 Yes 🔀 No
			ELIZABETH BUTLER, 360 NORTH PACIFIC COAST HWY, EL SEGUNDO, CA 90	245 H(b) Are all	subordinate	s included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "N	lo," attach a	a list. (see instructions)
J	Website		ww.cwlc.org	., .	exemption	
К	Form of	organization:	X Corporation Trust Association Other ► L Year of formation	tion: 199	4 M State	of legal domicile: CA
P	art I	Summ				
	1	Briefly de	escribe the organization's mission or most significant activities: The Cal	fornia Womens La	aw Center (C	WLC) breaks down barriers and
ce		advanc	es the potential of women and girls through tra	nsformat	ive li	tigation,
nan		policy	advocacy and education.			
veri	2	Check th	is box \blacktriangleright if the organization discontinued its operations or disposed	of more thar	n 25% of	its net assets.
ŝ	3	Number	of voting members of the governing body (Part VI, line 1a)		3	21
š	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	21
Activities & Governance	5	Total nur	nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	5
tivi	6		nber of volunteers (estimate if necessary)		6	0
Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unre	lated business taxable income from Form 990-T, line 38		7b	0.
				Prior Ye	ear	Current Year
e	8		tions and grants (Part VIII, line 1h)	320),898.	532,828.
Revenue	9	•	service revenue (Part VIII, line 2g)	32	2,418.	66,705.
Sev	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	5	7,651.	66,672.
	11	Other rev	/enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	136	5,704.	103,713.
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54'	7,671.	769,918.
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			4,623.
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	335	5,281.	412,478.
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			
ďx	b		draising expenses (Part IX, column (D), line 25) ►48 , 364 .			
ш	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,365.	202,046.
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	489	9,646.	619,147.
	19	Revenue	less expenses. Subtract line 18 from line 12		3,025.	150,771.
ces				Beginning of Cu	Irrent Year	End of Year
Net Assets or Fund Balances	20		ets (Part X, line 16)		5,669.	2,969,767.
at As	21	Total liab	ilities (Part X, line 26)	14	4,155.	37,482.
			ts or fund balances. Subtract line 21 from line 20	2,783	1,514.	2,932,285.
Pa	art II	Signat	ture Block			

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

				11/14/2019)
Sign	Signature of officer	Date			
Here	ELIZABETH BUTLER, EXECU				
	Type or print name and title				
Paid	Print/Type preparer's name	Preparer's signature	Date Check		PTIN
Preparer	Dale G. Sloss	Dale G. Sloss	01/22/2	020 self-employed	P01342633
Use Only		CPA, A Professional Corp		Firm's EIN ► 36-	4756304
	Firm's address ► P.O. Box 217, E	enryn, CA 956630217		Phone no. (916)	769-6784
May the IRS	discuss this return with the preparer s	shown above? (see instructions)			. 🗙 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the separa	te instructions. BAA	REV 05/20/19 PI	RO	Form 990 (2018)

Form 99	0 (2018) Pag	je 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	The California Womens Law Center (CWLC) breaks down barriers and	
	advances the potential of women and girls through transformative litigation,	
	policy advocacy and education.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	ο
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 513,648. including grants of \$ 386,976.) (Revenue \$ 0.)	
	Civil rights for women and girls, with a particular emphasis on	
	low-income women and girls.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40		
4.	(Carden) (European C including grants of C) (Devenue C)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 513,648.	010)

Form 99	0 (2018)		F	Page 3
Part	V 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)? <i>If "Yes," complete Schedule A</i>	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	×	
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? <i>If "Yes," complete Schedule C, Part III</i>	5		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V .</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	×	
С	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		× ×
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		×
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 "Yes," complete Schedule F, Parts II and IV</i>	15		×
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 "Yes," complete Schedule F, Parts III and IV.</i>	16		×
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		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20 a		20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<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? #E ⁽ /@B0) ['] /GPR0plete Schedule I, Parts I and II	21		×

Form 99	0 (2018)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
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? <i>If "Yes," complete Schedule J</i> .	23		×
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		×
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? <i>If "Yes," complete Schedule R, Part I</i> .	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	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 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Form 99	D (2018)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			• -
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form 99	00 (2018)			F	Page 6						
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI	s in Schedule O. S	ee ins	for a structi	"No" ions.						
Secti	on A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 21	-								
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business	1b21relationship with									
3	any other officer, director, trustee, or key employee?		2		×						
4 5	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization during the year of a significant during the year of a s		4 5 6		× × ×						
6 7a	6 Did the organization have members or stockholders?										
b											
8 a	Did the organization contemporaneously document the meetings held or written actions un the year by the following: The governing body?	dertaken during	8a	×							
b	Each committee with authority to act on behalf of the governing body?		8b	×							
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O										
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue C								
10a	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No						
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exem		10a		×						
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ore filing the form?	11a		×						
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a 12b	× ×							
с 13	Did the organization regularly and consistently monitor and enforce compliance with the <i>describe in Schedule O how this was done</i>		12c 13	×							
13 14 15	Did the organization have a written document retention and destruction policy?		14	××							
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official	on and decision?	15a	×							
b	Other officers or key employees of the organization		15b		×						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a		×						
	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b								
	on C. Disclosure										
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all tha	at apply. hedule O)	「(Sec	tion 5	501(c)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.				/, and						
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords								

 otato tro nam	o, adai 000,							looco ino orga	- mean			
ELIZABETH	BUTLER,	360	NORTH	PACIFIC	COAST	HWY,	ΕL	SEGUNDO,	CA	90245	(323)	951-1041

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)					,
(A)	(B)	(do n	ot ob		ition	e than o	20	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and		lirect	or/truste	,	compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Mira El Sonbaty	1.00									
Co-President	1.00	×		×				0.	0.	0.
(2) Diana Hughes Leiden	1.00									
Co-President		×		×				0.	0.	0.
(3) Edie Mermelstein	1.00									
Treasurer		×		×				0.	0.	0.
(4) Pamela Palmer	1.00									
Secretary		×		×				0.	0.	0.
(5) Lois D. Thompson	1.00	×		×						
Past President		^		^				0.	0.	0.
(6) Stacey Armato Director	1.00	×						0.	0.	0.
(7) Tony Blain	1.00									
Director		×						0.	0.	0.
(8) Christa Demeke	1.00									
Director		×						0.	0.	0.
(9) Theane Evangelis	1.00								_	
Director		×						0.	0.	0.
(10) Kevin Feldman	1.00	×								0
Director	1 0 0	^						0.	0.	0.
(11)Kerry Fowler Director	1.00	×						0.	0.	0.
(12) Victor George	1.00					$ \top$				
Director		×						0.	0.	0.
(13) Genie Harrison Director	1.00	×						0.	0.	0.
(14) Esra Hudson	1.00									
Director		×						0.	0.	0.

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees,			ighes	st C	ompensated E	mployees (continue	ed)		
	(A) Name and title	(B) Average hours per	box,	ot che unless	pers	tion nore son i	than c is both pr/trust	an	(D) Reportable compensation	(E) Reportable compensation from	Est	(F) mated ount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	ther ensatic m the nizatior related nization	า I
	ethany Kristovich irector	1.00	×						0.	0.			0.
D	essica Ludd irector	1.00	×						0.	0.			0.
D	nna Menedjian irector	1.00	×						0.	0.			0.
D:	im Nakamaru irector	1.00	×						0.	0.			0.
D	ny Quartarolo irector	1.00	×						0.	0.			0.
D	aren Rigberg irector	1.00	×						0.	0.			0.
E	lizabeth Butler xecutive Director	50.00				×			140,000.	0.		18,4	480.
D:	nris Hollinger irector	1.00	×						0.	0.			0.
(23)													
(24)													
(25)									1.10.000			1.0	
1b c d	Sub-total			• •	 		-		140,000.	0.			480.
2	Total (add lines 1b and 1c)					ed a	above 2	e) w	140,000. ho received me			18,4	480.
3	Did the organization list any former of	ficer, direc				e, ł	key e					Yes	No
4	employee on line 1a? <i>If "Yes," complete s</i> For any individual listed on line 1a, is the organization and related organizations	e sum of re greater the	portal an \$1	ble c 150,0	om) 002	pen ? If	isatio <i>"Yes</i>	n a s, "	nd other comp complete Sch	ensation from the bedule J for such	3		×
5	individual	or accrue co	ompe	nsati	on f	fron	n any	un	related organiz	ation or individual	4		×
Sectio	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rep year.												ax
	(A) Name and business add	ress							(B) Description of s	ervices C	(C) ompensation		

2	Total number of independe	nt contractors	(including	but	not	limited	to	those	listed	above)	who
	received more than \$100,000		0								

Form 990 (2018)
Part VIII Statement of Revenue

Part		Check if Schedule O co		ponse or note to	any line in this	Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns .						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ts, An	С	Fundraising events		131,943.				
Gif ilar	d	Related organizations .						
ns, Sim	e	Government grants (contrib		299,336.				
utio Ier (f	All other contributions, gifts, and similar amounts not include		101 540				
Qt p		Noncash contributions included		101,549.				
bui	g h	Total. Add lines 1a-1f .		N	532,828.			
<u>e</u>		Total. Aud lines ta-11.	<u> </u>	Business Code	552,020.			
Program Service Revenue	2a	COURT AWARDED FE	F.S	922130	66,705.	66,705.	0.	0.
Rev	b							
ice	c							
Serv	d							
m	е							
ogra	f	All other program service revenue .						
Å	g	Total. Add lines 2a-2f .		🕨	66,705.			
	3	Investment income (in						
		and other similar amoun	,		66,672.	66,672.	0.	0.
	4	Income from investment of						
	5	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents	() 1104.					
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (los		🕨				
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	c	Gain or (loss)						
	d	Net gain or (loss)		🕨				
Other Revenue	8a	Gross income from function of the second sec						
Rev		of contributions reported						
erl		See Part IV, line 18	···a					
Oth	b	Less: direct expenses .	b					
Ŭ		Net income or (loss) from	•	events . 🕨				
	9a	Gross income from gami						
		See Part IV, line 19						
		Less: direct expenses .						
		Net income or (loss) from		ivities 🕨				
	10a	Gross sales of inverter returns and allowances						
	h	Less: cost of goods sold	-					
	b c	Net income or (loss) from						
		Miscellaneous Reve		Business Code				
	11a	MISCELLANEOUS		541199	922.	922.	0.	0.
	b					-		
	с							
	d	All other revenue			102,791.	102,791.	0.	0.
	е	Total. Add lines 11a-11		🕨	103,713.			
	12	Total revenue. See inst	ructions .	🕨	769,918.	237,090.	0.	0.

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, p, 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	4,623.	4,623.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	140,000.	104,972.	9,100.	25,928.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	200,529.	179,529.	7,000.	14,000.
8	Pension plan accruals and contributions (include		. , •	,	,
	section 401(k) and 403(b) employer contributions)	14,176.	11,844.	670.	1,662.
9	Other employee benefits	30,589.	25,556.	1,446.	3,587.
10	Payroll taxes	27,184.	22,712.	1,285.	3,187.
11	Fees for services (non-employees):				
а	Management				
b	Legal	14,155.	13,708.	447.	0.
С	Accounting	13,875.	0.	13,875.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,359.	10,223.	1,136.	0.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	33,966.	33,095.	871.	0.
12	Advertising and promotion				
13	Office expenses	17,179.	15,461.	1,718.	0.
14	Information technology				
15			F0 070		0
16 17		65,855. 4,291.	59,270. 2,146.	6,585.	0.
17 18	Travel	4,291.	2,146.	2,145.	0.
19	Conferences, conventions, and meetings	4,078.	1,872.	2,206.	0.
20			_,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	585.	585.	0.	0.
23	Insurance	7,304.	0.	7,304.	0.
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.)				
a	ALLY SUPPORT	15,929.	15,929.	0.	0.
b	DUES & SUBSCRIPTIONS	7,779.	7,001.	778.	0.
C d	REPAIRS & MAINTENANCE	110.	99.	11.	0.
d	WEBSITE	5,478.	4,930.	548.	0.
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	103. 619,147.	93. 513,648.	<u> </u>	0.
25	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)	019,147.	513,648.	57,135.	48,364.
	10110W111y OUF 30-2 (AOU 300-120)				- 000

Form 990 (2018)

Part >				Page 11
-rant/	Check if Schedule O contains a response or note to any line in this Pa	rtX		
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	368,378.	1	372,838.
2	Savings and temporary cash investments	100.	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	16,000.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.		_	
	Complete Part II of Schedule L		5	
6	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 II of Schedule L		6	
ASSetS	Notes and loans receivable, net		7	
× 8			8	
9	Prepaid expenses and deferred charges	5,176.	0 9	1,908.
9 10a		5,170.	9	1,908.
b		585.	10c	0.
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11	2,416,956.	12	2,573,729.
13	Investments—program-related. See Part IV, line 11	2,110,550.	13	2757577257
14			14	
15	Other assets. See Part IV, line 11	4,474.	15	5,292.
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,795,669.	16	2,969,767.
17	Accounts payable and accrued expenses	14,155.	17	16,920.
18		11,155.	18	10,920.
19			19	20,562.
20	Tax-exempt bond liabilities		20	20,502.
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		20	
	Loans and other payables to current and former officers, directors,		21	
	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	14,155.	26	37,482.
Lund Balances 52 53 54 54 55 55 55 55 55 55 55 55 55 55 55	Organizations that follow SFAS 117 (ASC 958), check here ► ⊠ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,781,514.	27	2,932,285.
28 28	Temporarily restricted net assets		28	
	Permanently restricted net assets		29	
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
× 32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets of 30 31 32 33 33	Total net assets or fund balances	2,781,514.	33	2,932,285.
34	Total liabilities and net assets/fund balances	2,795,669.	34	2,969,767.
				Form 990 (201

	90 (2018)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	69,9	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	19,1	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	50,7	71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,7	81,5	14.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,9	32,2	85.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:	oiled or			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	 ad on a		^	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiaht			
Ũ	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	0	3b		
				000	

Form **990** (2018)

SCHEDULE A	
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

(D)

(E) Total Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the	organization
-------------	--------------

Ort mpt charitable trust.	
ort	2018
empt charitable trust.	
	Open to Public
nation.	Inspection
Employer identificati	on number

CAL	IFORNIA WOMENS LAW CENT	ER				95-4204490	
Pa			v			,	ns.
The o	organization is not a private founda		· •		-	,	
1	A church, convention of church						
2	A school described in section						
3	A hospital or a cooperative ho		•				
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in
6 7	 A federal, state, or local gover An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its sup				the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:						
10	O An organization that normally receives: (1) more than 33 ¹ / ₃ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 ¹ / ₃ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
11	An organization organized and		•				
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
а	☐ Type I. A supporting organ the supported organization supporting organization. Y	nization operated n(s) the power to	, supervised, or contr regularly appoint or e	olled by i lect a ma	ts suppo jority of t	rted organization(s),	typically by giving
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integrits supported organization						ally integrated with,
d	Type III non-functionally that is not functionally inte requirement (see instructional)	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported	•					
g	=		3 ()				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							

Schedule A (Form 990 or 990-EZ) 2018 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 400,885.1,464,594. 249,070. 235,565. 258,176. 320,898. levied 2 Tax revenues for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. 249,070. 235,565. 258,176. 320,898. 400,885.1,464,594. 4 The portion of total contributions by 5 (other each person than а governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 6 1,464,594. Section B. Total Support

Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	249,070.	235,565.	258,176.	320,898.	400,885.	1,464,594.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19.	1,049.	42,081.	66,579.	66,672.	176,400.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,112.	3,518.	7,081.	2,803.	66,150.	85,664.
11	Total support. Add lines 7 through 10			,	,		1,726,658.
12	Gross receipts from related activities, etc.	. (see instructio	ons)			12	, , , , , , , , , , , , , , , , , , , ,
13	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					· · · 🕨 🗖
Secti	on C. Computation of Public Suppor	-					
14	Public support percentage for 2018 (line 6		-			14	84.82 %
15	Public support percentage from 2017 Sch		•			15	%
16a	33 ¹ / ₃ % support test — 2018. If the organi box and stop here. The organization qua	lifies as a publ	icly supported	organization			🕨 🗙
b	33 ¹ / ₃ % support test -2017. If the organi this box and stop here. The organization				,		
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here	. Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization Explain in Part VI how the organization in supported organization	tion meets th neets the "fact	e "facts-and-c ts-and-circums 	circumstances' stances" test.	' test, check The organizati	this box and a on qualifies as	stop here. s a publicly
18	Private foundation. If the organization di	a not check a	box on line 13	, 10a, 10D, 17a	i, or 17D, chec	k this box and	see

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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						
0	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	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 .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		ł	1		1	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
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						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		+				
10	and 12.)						
14	First five years. If the Form 990 is for th	e organizatio	in's first secon	d third fourth	or fifth tax y	l par as a soctio	$p_{0} = 501(c)(3)$
14	organization, check this box and stop he	0					()()
Socti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8			12 oolumn (f))		15	%
	Public support percentage from 2017 Sch						
16 Secti	on D. Computation of Investment In					16	%
	-			av line 19 acto	(f)	17	07
17	Investment income percentage for 2018 (-			%
18	Investment income percentage from 2017						%
19a	$33^{1}/_{3}\%$ support tests - 2018. If the organ						
-	17 is not more than $33^{1}/_{3}\%$, check this box	-	-	-		-	
b	$33^{1/3}$ % support tests – 2017. If the organiz						
	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

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).

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Section D. All Type III Supporting Organizations

			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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b 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). С
- 2 Activities Test. Answer (a) and (b) below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the 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.
- 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.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2

1

Yes No

Yes No

2a

2b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

instructions. All other Type III non-functionally integrated supporting organ Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average 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)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions).	0		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part	e A (Form 990 or 990-EZ) 2018 V Type III Non-Functionally Integrated 509(a)(3	N Supporting Organi	zations (continued)	Page /
		b) Supporting Organi		
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II Ln 10: Other Income Part II, Line 10 Description: Miscelleanous 2014:
6112. 2015: 3518. 2016: 7081. 2017: 2803. 2018: -555. Description: Court Awarded
Fees 2018: 66705.

	SCHEDULE C Political Campaign and Lobbying Activities			OMB No. 1545-0047			
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527			d soction 527	2018			
Departm	nent of the Treasury		ete if the organization is described b			or Form 990-EZ.	Open to Public
	Revenue Service		► Go to www.irs.gov/Form990 for in				Inspection
If the c	organization ans	wered "Yes	," on Form 990, Part IV, line 3, or For	m 990-EZ, Part V, I	ine 46 (Politi	ical Campaign Ac	tivities), then
	()()	0	Complete Parts I-A and B. Do not con	•			
			on 501(c)(3)) organizations: Complete F	Parts I-A and C below	w. Do not coi	mplete Part I-B.	
	0		nplete Part I-A only.				
			e," on Form 990, Part IV, line 4, or For				
		-	that have filed Form 5768 (election unc that have NOT filed Form 5768 (electio				
		-	s," on Form 990, Part IV, line 5 (Proxy				
	ee separate inst			, (_,,
• Se	ection 501(c)(4), (5	ō), or (6) orga	anizations: Complete Part III.				
Name	of organization					Employer identif	
_	FORNIA WOM					95-420449	-
Part	-		e organization is exempt und		-		-
1			f the organization's direct and in	direct political ca	mpaign act	tivities in Part IV	/. (see instructions for
2			npaign activities") y expenditures (see instructions) .			► \$	
3		•	cal campaign activities (see instructions)				
Part			e organization is exempt und	,			
1			excise tax incurred by the organiza			🕨 💲	
2	Enter the amo	unt of any	excise tax incurred by organizatior	n managers under	section 498	55 🕨 👫	
3	If the organiza	tion incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?		. Yes No
4a	Was a correcti	ion made?					. 🗌 Yes 🗌 No
b	If "Yes," descr						(0)
Part			e organization is exempt und				(3).
1	activities		ly expended by the filing organiz			► \$ <u></u>	
2	Enter the amo 527 exempt fu		filing organization's funds contrib	-	anizations	for section ▶ \$	
3		function e	expenditures. Add lines 1 and 2	. Enter here and	on Form	1120-POL,	
	line 17b	· · · ·				► \$	
4	•	•	file Form 1120-POL for this year				. Yes No
5	organization m the amount of	nade paymo political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from th delivered to	ne filing organiza o a separate poli	tion's funds. Also enter tical organization, such
	(a) Name		(b) Address	(c) EIN	(d) Amou	unt paid from	(e) Amount of political
	(-)				filing or		contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)							
(2)				-			
(3)							
(4)							
(5)							
(6)							

Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ection under	_
Α	Cł	Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group memb address, EIN, expenses, and share of excess lobbying expenditures).					
В	Ch	neck 🕨	if the filing organization checke	ed box A and "limited control" provisions apply.			
				ving Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
•	la	Total lo	bbying expenditures to influence	oublic opinion (grass roots lobbying)	0.		
	b	Total lo	bbying expenditures to influence a	a legislative body (direct lobbying)	3,141.		
	С	Total lo	bbying expenditures (add lines 1a	and 1b)	3,141.		
	d	Other e	exempt purpose expenditures		616,006.		
	е	Total e	xempt purpose expenditures (add	lines 1c and 1d)	619,147.		
	f	-	-	ne amount from the following table in both			
	-	columr	IS.		117,872.		
		If the ar	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
		Not ove	r \$500,000	20% of the amount on line 1e.			
		Over \$5	00,000 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 \$1	7,000,000	\$1,000,000.			
	g	Grassr	oots nontaxable amount (enter 259	% of line 1f)	29,468.		
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0	0.		
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0	0.		
	j		e is an amount other than zero ong section 4911 tax for this year?	on either line 1h or line 1i, did the organization		Yes N	0

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 Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a	Lobbying nontaxable amount	143,981.	103,186.	97,929.	117,872.	462,968.		
b	Lobbying ceiling amount (150% of line 2a, column (e))					694,452.		
с	Total lobbying expenditures	584.	5,265.	3,265.	3,141.	12,255.		
d	Grassroots nontaxable amount	35,995.	25,797.	24,482.	29,468.	115,742.		
е	Grassroots ceiling amount (150% of line 2d, column (e))					173,613.		
f	Grassroots lobbying expenditures	584.				584.		

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Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)	
	iption of the lobbying activity.	Yes	No	An	nount	
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	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					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), c	or se	ction		
					Yes	No

			163	NU
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, 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	
С	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?		
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV	Supplemental Information	(continued)

SCH	DULE D					OMB No. 1545-0047
(Form 990)			al Financial Statements			
			ganization answered "Yes" on Form 990 I0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	2018		
	ent of the Treasury		Attach to Form 990.		Open to Public	
	Revenue Service	► Go to www.irs.gov/Form	990 for instructions and the latest inform			Inspection
	of the organization					tification number
		AENS LAW CENTER	vised Funds or Other Similar Fun	95-4		
Pai		•	"Yes" on Form 990, Part IV, line 6.		ACCU	Junis.
	Compi		(a) Donor advised funds		(b) Fi	unds and other accounts
1	Total number a	at end of year			.,	
2		ue of contributions to (during year)				
3		ue of grants from (during year)				
4		ue at end of year				
5			advisors in writing that the assets h			
		• • • • •	e organization's exclusive legal contro			
6			and donor advisors in writing that grai			
			fit of the donor or donor advisor, or f	or any o	other	
Par		rvation Easements.			•	· · · L Yes L No
Fai			"Yes" on Form 990, Part IV, line 7.			
1		conservation easements held by the				
-			tion or education)	f a histo	oricall	y important land area
		of natural habitat	·			istoric structure
	Preservation	on of open space				
2			eld a qualified conservation contribution	on in the	e forn	n of a conservation
	easement on t	he last day of the tax year.				Held at the End of the Tax Year
а					2a	
b	-	-	ts		2b	
C			nistoric structure included in (a)		2c	
d			(c) acquired after 7/25/06, and not		2d	
3		_	sferred, released, extinguished, or terr		-	e organization during the
•	tax year ►			innatoa	ey a	to organization during the
4	-	tes where property subject to conse	rvation easement is located >			
5			garding the periodic monitoring, ins	pection	, har	ndling of
	violations, and	enforcement of the conservation ea	sements it holds?			· · · 🗌 Yes 🗌 No
6	Staff and volunt	eer hours devoted to monitoring, inspe	cting, handling of violations, and enforcin	g conse	rvatio	n easements during the year
	▶					
7		enses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conserv	ation	easements during the year
•	▶\$				170	(I-)(A)(D)(;)
8			2(d) above satisfy the requirements of			
9			conservation easements in its revenue			
5			of the footnote to the organization's fin			
		accounting for conservation easeme				
Part	III Organi	zations Maintaining Collection	s of Art, Historical Treasures, or	Other	Sim	ilar Assets.
	Comple	ete if the organization answered	"Yes" on Form 990, Part IV, line 8.			
1a			AS 116 (ASC 958), not to report in its			
			assets held for public exhibition, ec			
-	•	•	ootnote to its financial statements tha			
b			FAS 116 (ASC 958), to report in its			
		nistorical treasures, or other similar provide the following amounts relat	assets held for public exhibition, ec	lucation	i, or	research in furtherance of
						۵
	(ii) Assets inclu	Ided in Form 990, Part VIII, INC 1			. /	ν \$
2	If the organize	ation received or held works of art	, historical treasures, or other similar	· · · ·	. I for	financial gain provide the
			FAS 116 (ASC 958) relating to these it			initial gain, provide the
а	-		· · · · · · · · · · · · · ·		. 1	► \$
		d in Form 990. Part X			. 1	► \$

Schedu	le D (Form 990) 2018							Page 2
Part	III Organizations Maintaining	Collections of	Art, His	torical 1	Freasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and of	ther reco	rds, chec	k any of the	e follov	wing that are a si	gnificant use of its
а	Public exhibition		d	🗌 Loan	or exchang	e proq	rams	
b	Scholarly research							
с	Preservation for future generations	6		_				
4	Provide a description of the organizat XIII.		and expla	ain how t	hey further	the org	ganization's exem	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							r 🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arra	ingements.						
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, F	Part IV, line	9, or	reported an arr	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							t 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able:			
							Ar	nount
с	Beginning balance					10	;	
d	Additions during the year					10	1	
е	Distributions during the year					16	•	
f	Ending balance					1f		
2a	Did the organization include an amour							
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	xplanatio	n has been	provid	ed on Part XIII .	🗌
Par						10		
	Complete if the organization		-					
	_ <i>/</i>	(a) Current year	(b) Pri	or year	(c) Two years	S DACK	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	-	nd balanc	e (line 1g	ı, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt 🕨	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of th	ne organi	zation the	at are held a	and ad	ministered for th	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
b	(ii) related organizations							3a(ii)
b 4	Describe in Part XIII the intended uses					• •		3b
Part		-		winonen				
I UI U	Complete if the organization		" on For	m 990 F	Part IV line	11a	See Form 990	Part X line 10
	Description of property	(a) Cost or o			or other basis		Accumulated	(d) Book value
		(investm	nent)		ther)		epreciation	
1a	Land		0.					0.
b								
С	Leasehold improvements							
d					70,825.		70,825.	0.
e Tatal					9,292.	- 1	9,292.	0.
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part)	x, columr	і (В), Ilne 10	с.).	🕨 📔	0.

Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests 2,573,729 FMV (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 2,573,729 Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) ADVANCES 818. (2) DEPOSITS 4,474. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . 5,292. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (b) Book value (a) Description of liability (1) Federal income taxes (2) (3)(4) (5)

 (6)

 (7)

 (8)

 (9)

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2018			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	769,918.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	769,918.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	769,918.
Part			-	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	619,147.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	0197117.
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	619,147.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	019,147.
4		40		
a L	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII.)	4b	4.	
C E	Add lines 4a and 4b		4c	C10 140
5 Part	Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, lin</i> XIII Supplemental Information.	ie 18.)	5	619,147.
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformatior	

Schedule D (Fo	Schedule D (Form 990) 2018 Page 5					
Part XIII	Supplemental Information (continued)					

(Form	EDULE G 990 or 990-EZ)		the organization an organization ente	swered "Yes" red more than	' on Form 990 n \$15,000 on	r aising or Gam D, Part IV, line 17, 18, Form 990-EZ, line 6a	or 19, or if the	OMB No. 1545-0047
	nent of the Treasury Revenue Service			tach to Form Form990 for i		nd the latest informa	tion.	Open to Public Inspection
	of the organization						Employer identi	
-		ENS LAW CENT					95-420449	-
Par		SING ACTIVITIES. 0-EZ filers are n				vered "Yes" on	Form 990, Part IV	, line 17.
1 b c d 2a b	Indicate wheth Mail solicit: Internet an Phone solid In-person s Did the organi: or key employed If "Yes," list th	er the organizatio ations d email solicitation citations solicitations zation have a writ ees listed in Form	n raised funds t ns ten or oral agree 990, Part VII) or individuals or e	hrough any e f g ement with r entity in co ntities (func	of the follo Solicitati Solicitati Special f any individ	on of non-govern on of governmen fundraising events lual (including off with professional	t grants s icers, directors, trus fundraising services	stees,
	(i) Name and addre or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total 3						olicit contributior	ns or has been noti	fied it is exempt from

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 SPRING EVENT (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	168,089.			168,089.	
с	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	168,089.			168,089.	
	4	Cash prizes					
	5	Noncash prizes					
enses	6	Rent/facility costs	25,498.			25,498.	
Direct Expenses	7	Food and beverages	6,800.			6,800.	
Direc	8	Entertainment					
	9	Other direct expenses .	3,848.			3,848.	
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		36,146.	
	11	Net income summary. Subtra	•			131,943.	
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2		ered "Yes" on Form	990, Part IV, line 19,	or reported more than	
anu			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)	
Revenue							
ш	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses .					
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	□ Yes% □ No		
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d) . . .			
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
	a l: b li 		onduct gaming activities	s in each of these state		∐Yes ∐No	
10		Vere any of the organization's g f "Yes," explain:	-	-		? .	

Schedu	le G (Form 990 or 990-EZ) 2018 Page
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the
	amount of gaming revenue retained by the third party
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation
	Description of services provided
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	

SCHE	DUL	E ()	
(Form	990	or	990-	EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization		Employer identification number
CALIFORNIA WOM	ENS LAW CENTER	95-4204490
Pt VI, Line 12	c: A conflict of interest policy was approved by th	e Board of
Directors on 9	/7/14. Annually each director is required to discl	ose any conflicts
of interest on	the conflict of interest disclosure statement.	The forms are
reviewed by th	e Board.	
Pt VI, Line 15	a: The Executive's directors salary is reviewed ann	ually by the
Executive Comm	ittee.	
Pt VI, Line 19	: The organizations Form 1023, conflict of interest	policy and
other governin	g documents are available upon request.	
Pt VI, Line 11	b: A copy of Form 990 is provided to the Executive	Director and
the Executive	Committee for review. A copy is given to all Board	members after
the return is	filed.	
Pt IX, Line 11	g:	
Description:	CONSULTANTS	
Total: \$8,70	5	
Program serv	ices: \$7,834	
Management a	nd general: \$871	
Fundraising:	\$0	
Description:	COMMUNICATION SUBCONTRACT	
Total: \$25,2	61	
Program serv	ices: \$25,261	
Management a	nd general: \$0	
Fundraising:	\$0	

BAA. No. 51056K

Form	8879-EO
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IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning Jul 1 , 2018, and ending Jun 30, 20 19

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service Name of exempt organization

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

CALIFORNIA WOMENS LAW CENTER

95-4204490

Name and title of officer

ELIZABETH BUTLER, EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	769,918.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ► □ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ► 🗌 b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

🗌 l authorize		to enter my PIN				as my signature
	ERO firm name	_	Ente do n			

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►	Date ► 11/14/2019
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	6 8 5 4 0 2 1 9 8 1 8 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date < 01/22/2020

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. BAA

REV 11/05/18 PRO

Form 8879-EO (2018)