## 2019 Exempt Organization Business Tax Return prepared for:

CALIFORNIA WOMEN'S LAW CENTER 360 NORTH PACIFIC COAST HWY, #2070 EL SEGUNDO, CA 90245

Dale G. Sloss, CPA, A Professional Corp P.O. Box 217 Penryn, CA 95663

(Rev. January 2020)

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2019

Open to Public Inspection

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

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

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

Internal Revenue Service Jun 30 , **20** 20 For the 2019 calendar year, or tax year beginning Jul 1 , 2019, and ending C Name of organization CALIFORNIA WOMEN'S LAW CENTER D Employer identification number Check if applicable: Doing business as 95-4204490 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 360 NORTH PACIFIC COAST HWY 2070 (323)951-1041Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code EL SEGUNDO, CA 90245 **G** Gross receipts \$1,263,341. Amended return **H(a)** Is this a group return for subordinates? ☐ **Yes X No** Application pending F Name and address of principal officer: ELIZABETH BUTLER, 360 NORTH PACIFIC COAST HWY, EL SEGUNDO, CA 90245 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) 501(c) ( Website: ► www.cwlc.org **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association 1994 M State of legal domicile: CA L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: The Mission of the California Women's Law Center is to create a more just and 1 equitable society by breaking down barriers and advancing the potential of Activities & Governance women and girls through transformative litigation, policy advocacy, and education. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 24 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) . . . . . . . . 6 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 8 532,828. 1,044,763. Revenue 9 Program service revenue (Part VIII, line 2g) 66,705. 69,532. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 66,672. 68,459. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 103,713. 80,587. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 769,918 1,263,341. 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 4,623. 4,580. 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 412,478 431,851. Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 202,046. 745,758. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 619,147. 1,182,189. 19 Revenue less expenses. Subtract line 18 from line 12 150,771. 81,152. Assets or a Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,969,767. 3,154,543. 21 Total liabilities (Part X, line 26) . 37,482. 141,107. 22 Net assets or fund balances. Subtract line 21 from line 20 2,932,285. 3,013,436. Signature Block Part II 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. 02/15/2021 Sign Signature of officer Date Here ELIZABETH BUTLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if **Paid** self-employed P01342633 Dale G. Sloss Dale G. Sloss 04/12/2021 **Preparer** Firm's EIN  $\triangleright$  36-4756304 Firm's name ▶ Dale G. Sloss, CPA, A Professional Corp **Use Only** Firm's address ▶ P.O. Box 217, Penryn, CA 95663 Phone no. (916)769-6784

May the IRS discuss this return with the preparer shown above? (see instructions) .

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 Mission of the California Women's Law Center is to create a more just and
	equitable society by breaking down barriers and advancing the potential of momen and girls through transformative litigation, policy advocacy, and education.
	omen and girls through transformative litigation, policy advocacy, and education.
2	olid the organization undertake any significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the very significant program services during the year which were not listed on the year which were not services and year which were not services an
	"Yes," describe these new services on Schedule O.
3	oid the organization cease conducting, or make significant changes in how it conducts, any program
	ervices?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others ne total expenses, and revenue, if any, for each program service reported.
4a	Code: (Expenses \$ 1,061,038. including grants of \$ 0.) (Revenue \$ 946,844.)
	ivil rights for women and girls, with a particular emphasis on
	ow-income women and girls.
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	3 0 m m m m m m m m m m m m m m m m m m
4d	Other program services (Describe on Schedule O.)
	Expenses \$ including grants of \$ ) (Revenue \$ )
4e	otal program service expenses 1,061,038.

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)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (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? If "Yes," complete Schedule C, Part I	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>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? If "Yes," complete Schedule C, Part III	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</i> "Yes," <i>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</i> "Yes," <i>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</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I. Parts Land II.	21		×

Part	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b			
<b>L</b>	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	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? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule N, Part II	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

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 on 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?	5с		
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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
<b>u</b>	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			
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 . <b>10b</b>			
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		
	<b>Note:</b> 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 on 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		
4.5	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Section	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 1a 24			
	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 on Schedule O.			
h				
b	Enter the number of voting members included on line 1a, above, who are independent . 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6		×
6 70	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	0		×
7a	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	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 similar arrangement			
ıva	with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website   Nother (explain on Schedule O)	⊺(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	ELIZABETH BUTLER, 360 N PACIFIC COAST HWY, SUITE 2070, EL SEGUNDO, CA 90245 (3	23)9	51-1	1041

Form 990 (2019)

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

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

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

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

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

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

Officer this box if fletther the organization					C)			,		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	neck ss pe	rson	e than or is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Mira El Sonbaty	1.00									
Co-President		×		×			·	0.	0.	0.
(2) Diana Hughes Leiden Co-President	1.00	×		×				0.	0.	0.
(3) Edie Mermelstein Treasurer	1.00	×		×				0.	0.	0.
(4) Pamela Palmer Secretary	1.00	×		×				0.	0.	0.
(5) Lois D. Thompson Past President	1.00	×		×				0.	0.	0.
(6) Stacey Armato Director	1.00	×						0.	0.	0.
(7) Tony Blain Director	1.00	×						0.	0.	0.
(8) Christa Demeke Director	1.00	×						0.	0.	0.
(9) Theane Evangelis Director	1.00	×						0.	0.	0.
(10) Kevin Feldman Director	1.00	×						0.	0.	0.
(11)Kerry Fowler Director	1.00	×						0.	0.	0.
(12) Victor George Director	1.00	×						0.	0.	0.
(13) Genie Harrison Director	1.00	×						0.	0.	0.
(14) Esra Hudson Director	1.00	×						0.	0.	0.

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emį	ploy	yee	s, an	d H	lighest Compe	nsated Empl	oyees (continued)
					(0	C)					
	(A)	(B)	(do n	ot oh		ition	e than o	ano	(D)	(E)	(F)
	Name and title	Average	١,				is both		Reportable	Reportable	Estimated amount
		hours per week					or/trus		compensation from the	compensation from related	of other compensation
		(list any	Indiv or di	Insti	Officer	Key employee	High emp	Former	organization	organizations	from the
		hours for related	/idua	tutic	ĕr	emp	lest	ner	(W-2/1099-MISC)	(W-2/1099-MISC	organization and related organizations
		organizations	al tr	nal		oloye	e				
		below dotted line)	Individual trustee or director	Institutional trustee		ф	pens				
				ee			Highest compensated employee				
(15) Be	ethany Kristovich	1.00									
	rector		×						0.	0	. 0.
<b>(16)</b> J∈	essica Ludd	1.00									
D:	lrector		×						0.	0	. 0.
	nna Menedjian	1.00									
	rector		×						0.	0	. 0.
	m Nakamaru	1.00	×								
	rector ny Quartarolo	1.00	<u> </u>						0.	0	. 0.
	rector	1.00	×						0.	0	. 0.
	aren Rigberg	1.00							· ·		
	rector		×						0.	0	. 0.
<b>(21)</b> E	lizabeth Butler	50.00									
E2	recutive Director				4	×			0.	144,200	. 20,791.
	aura Lively	1.00							_	_	
	rector		×						0.	0	. 0.
(23)			-				K				
(24)								þ.			
(=-)											
(25)											
3											
1b	Subtotal		$\overline{}$	•				<b></b>	0.	144,200	. 20,791.
С	Total from continuation sheets to Part	VII, Section	n A	•				<b>&gt;</b>			
d								<u>\</u>	0.	144,200	
2	Total number of individuals (including but		d to tr	iose	list	ed	above	e) w	ho received mor	e than \$100,00	0 of
	reportable compensation from the organi	Zation									Yes No
3	Did the organization list any former of	officer dire	actor	tru	eta	ا د	(6)/ 6	mnl	lovee or highes	et companeate	
J	employee on line 1a? If "Yes," complete s										3 ×
4	For any individual listed on line 1a, is the										ne
	organization and related organizations	greater th	an \$1	150,	000	? /	f "Ye	s,"	complete Sched		
	individual										4 ×
5	Did any person listed on line 1a receive of										
Section	for services rendered to the organization' on B. Independent Contractors	rir yes, c	compi	ete	SCI	ieai	ile J i	or s	sucn person .		5 X
1	Complete this table for your five high	nest comp	ensati		inde	nei	ndent		ontractors that r	received more	than \$100,000 of
•	compensation from the organization. Repo										
	(A)	•							(B)		(C)
	Name and business add	ress							Description of serv	vices	Compensation
2	Total number of independent contractor	rs (includi	na bi	ıt n	ot I	limit	ted to	⊥ o th	ose listed abov	e) who	
_	received more than \$100,000 of compens									.,	

## Part VIII Statement of Revenue Check if Schedule O contain

ı arı	*****	Check if Schedule O contains a response or note	to any line in this Pa	art VIII		$\sqcap$
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
, G	С	Fundraising events 1c 22,2	00.			
ifts ır A	d	Related organizations 1d				
i, G nila	е	Government grants (contributions) 1e 483,8	08.			
ons Sir	f	All other contributions, gifts, grants,				
uti		and similar amounts not included above 1f 538,7	55.			
trib Ott	g	Noncash contributions included in				
on	_	lines 1a–1f				
	h	Total. Add lines 1a–1f	<b>▶</b> 1,044,763.			
ө	0-	Business Co		60 500	•	•
Program Service Revenue	2a	COURT AWARDED FEES 922130	69,532.	69,532.	0.	0.
gram Ser Revenue	b					
m S	C					
gra Re	d					
roć	e f	All other program service revenue				
<u>п</u>	g	Total. Add lines 2a–2f	<b>▶</b> 69,532.			
	3	Investment income (including dividends, interest,				
		other similar amounts)		68,459.	0.	0.
	4	Income from investment of tax-exempt bond proceed		V ,		
	5	Royalties	<b>*</b>			
		(i) Real (ii) Persona	al			
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)	<b>&gt;</b>			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
ıne	b	Less: cost or other basis				
evenue		and sales expenses . 7b				
æ	_	Gain or (loss)				
Other	d	Net gain or (loss)	<b>•</b>			
ğ	8a	Gross income from fundraising events (not including \$ 22,200.				
		of contributions reported on line				
		1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b				
	C	Net income or (loss) from fundraising events	<b>&gt;</b>			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities	<b>&gt;</b>			
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory	<b>•</b>			
Sno		Business Co			_	
Miscellaneous Revenue	11a	MISCELLANEOUS 541199	2,099.	2,099.	0.	0.
scellaneo Revenue	b			-		
sce Re	C C	All other revenue	78,488.	78,488.	0.	0.
Ĕ	d e	All other revenue	► 80,587.	/0,400.	0.	0.
	12	Total revenue. See instructions	► 1,263,341.	218,578.	0.	0.

Form 990 (2019) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (C) Management and general expenses (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	4,580.	4,580.		
2	Grants and other assistance to domestic	4,580.	4,580.		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	144,200.	108,150.	10,094.	25,956.
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	208,292.	176,968.	10,431.	20,893.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,720.	18,377.	1,323.	3,020.
9	Other employee benefits	28,102.	22,731.	1,636.	3,735.
10	Payroll taxes	28,537.	23,082.	1,662.	3,793.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	478,600.	478,600.	0.	0.
C C	Accounting	13,325.	0.	13,325.	0.
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,655.	10,489.	1,166.	0.
g	Other. (If line 11g amount exceeds 10% of line 25, column	11,000.	20,100.	2,2001	
	(A) amount, list line 11g expenses on Schedule O.) .	87,403.	87,063.	340.	0.
12	Advertising and promotion				
13	Office expenses	14,626.	13,120.	1,451.	55.
14	Information technology	16,558.	14,902.	1,656.	0.
15	Royalties	07.400	70 670	0.742	
16 17	Occupancy	87,422. 4,557.	78,679. 2,895.	8,743. 1,662.	0.
18	Payments of travel or entertainment expenses	4,557.	2,095.	1,002.	<u> </u>
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,978.	1,780.	198.	0.
20	Interest				
21 22	Payments to affiliates	13.	13.	0.	0.
23	Insurance	8,857.	1,553.	7,304.	0.
24	Other expenses. Itemize expenses not covered	0,037.	1,333.	7,301.	J.
£ <del>-7</del>	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	ALLY SUPPORT	8,704.	8,704.	0.	0.
b	DUES & SUBSCRIPTIONS	7,095.	6,385.	710.	0.
c d	BOARD EXPENSES	4,965.	2,967.	1,998.	0.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,182,189.	1,061,038.	63,699.	57,452.
26	Joint costs. Complete this line only if the		,		<u>,                                     </u>
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following ŠOP 98-2 (ASC 958-720)				- 200
		REV 10/27/20 PRO			Form <b>990</b> (2019)

Pa	art X				. age 11
		Check if Schedule O contains a response or note to any line in this Par			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	372,838.	1	427,275.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	16,000.	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges	1,908.	9	14,921.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 68,825.			
	b	Less: accumulated depreciation 10b 68,033.	0.	10c	792.
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	2,573,729.	12	2,707,081.
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,292.	15	4,474.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,969,767.	16	3,154,543.
	17	Accounts payable and accrued expenses	16,920.	17	7,264.
	18	Grants payable		18	
	19	Deferred revenue	20,562.	19	112,193.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	23	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	21,650.
	26	Total liabilities. Add lines 17 through 25	37,482.	26	141,107.
seou		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	2,932,285.	27	3,013,436.
B	28	Net assets with donor restrictions	, ,	28	.,,
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ A		Total net assets or fund balances	2,932,285.	32	3,013,436.
	32	Total fiet assets of fully balances	4,334,403.	JZ	J, UIJ, IJU.

Form 990 (2019) Page **12** 

Part XI	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 Tota	al revenue (must equal Part VIII, column (A), line 12)	1	1	, 26	3,3	41.
2 Tota	al expenses (must equal Part IX, column (A), line 25)	2	1	,18	2,1	89.
3 Rev	enue less expenses. Subtract line 2 from line 1	3		8	1,1	52.
4 Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,93	2,2	85.
5 Net	unrealized gains (losses) on investments	5				
6 Don	ated services and use of facilities	6				
7 Inve	stment expenses	7				
8 Prio	r period adjustments	8				
9 Oth	er changes in net assets or fund balances (explain on Schedule O)	9				
<b>10</b> Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
32,	column (B))	10	3	,01	3,4	37.
Part XII	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
	ounting method used to prepare the Form 990: $\square$ Cash $\;\;lacktriangle$ Accrual $\;\;\;\square$ Other $\_$					
	ne organization changed its method of accounting from a prior year or checked "Other," execute O.	xplain	n in			
2a Wer	e the organization's financial statements compiled or reviewed by an independent accountant?		. 2	2a		×
If "\	Yes," check a box below to indicate whether the financial statements for the year were com	npiled	l or			
revi	ewed on a separate basis, consolidated basis, or both:					
□s	eparate basis					
<b>b</b> Wer	e the organization's financial statements audited by an independent accountant?		. 2	2b	×	
lf "۱	res," check a box below to indicate whether the financial statements for the year were audit	ed o	n a 📗			
sepa	arate basis, consolidated basis, or both:					
× S	eparate basis					
c If "Y	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
the	audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	. 2	<u>2c</u>	×	
	e organization changed either its oversight process or selection process during the tax year, execute O.	cplain	on			
<b>3a</b> As a	a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	gle Audit Act and OMB Circular A-133?			3a		×
<b>b</b> If "Y	es," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
requ	uired audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3	3b	200	

REV 10/27/20 PRO Form **990** (2019)

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

2019

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

	IFORNIA WOMEN'S LAW CEN					95-4204490	
Par		- '					ns.
	organization is not a private founda		,		•	,	
1	A church, convention of churc						
2	A school described in <b>section</b>		,			• •	
3	A hospital or a cooperative ho						(:::\
4	A medical research organization hospital's name, city, and stat	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). Enter the
5	An organization operated for		college or university	owned o	r operate	ad by a government	al unit described in
Ū	section 170(b)(1)(A)(iv). (Com		conege of university	owned o	Гороган	a by a government	ar armit accombica m
6	☐ A federal, state, or local gover	. ,	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7	★ An organization that normally						the general public
	described in section 170(b)(1)				3		J p
8	☐ A community trust described i	n <b>section 170(b</b> )	(1)(A)(vi). (Complete	Part II.)			
9	☐ An agricultural research organ				erated in	conjunction with a I	and-grant college
	or university or a non-land-grauniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	m contri	butions, membershi	o fees, and gross
	receipts from activities related support from gross investmen	าเธ เเร exempt าน t income and un	nctions—subject to c related business taxal	ertain ext ole incom	eptions, ie (less se	and (2) no more tha ection 511 tax) from	n 33 1/3% of its businesses
	acquired by the organization a	fter June 30, 197	75. See <b>section 509(a</b>	i)(2). (Cor	nplete Pa	art III.)	
11	An organization organized and	•					
12	☐ An organization organized and						
	of one or more publicly support of the ck the box in lines 12a through			•		` '` '	, ,, ,
а		-			-	•	_
а	the supported organization						
	supporting organization. <b>Y</b>						000 01 1110
b	_	=				supported organizati	on(s), by having
	control or management of						
	organization(s). You must	complete Part I	V, Sections A and C.				
С							ally integrated with,
	its supported organization						
d	<u> </u>						
	that is not functionally inte requirement (see instruction						d an attentiveness
_	_ ` `	•	•		•		u =
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported	* *		sporting (	organizat	1011.	
g							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10		ur governing ment?	support (see	other support (see
			above (see instructions))	4004	TIOTIC:	instructions)	instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total	I						

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 731,846. 1,947,370. 235,565. 258,176. 320,898. 400,885. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 235,565. 258,176. 320,898. 400,885. 731,846. 1,947,370. 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 1,947,370. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total 235,565. 258,176. 400,885. 731,846.1,947,370. 7 320,898. Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . 1,049 42,081. 66,672. 68,459. 66,579. 244,840. Net income from unrelated business 9 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.) . . . . . . . 3,518. 7,081. 2,803. 66,150. 79,552. **Total support.** Add lines 7 through 10 2,271,762. 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . 85.72% 14 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

#### 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			· · ·		,	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	,	,		1	,	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	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		4				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	, and the second se						
C	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2010	(6) 2017	(d) 2010	(6) 2013	(i) Total
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		1				
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	•			•		. , . ,
	organization, check this box and stop he						🕨 🗌
	on C. Computation of Public Suppor					T 1	
15	Public support percentage for 2019 (line 8		•				%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment Inc				(0)	47	0.1
17	Investment income percentage for 2019 (			-			<u>%</u>
18	Investment income percentage from 2018						% and line
19a	331/3% support tests—2019. If the organ 17 is not more than 331/3%, check this box						
l.	33 <sup>1</sup> /3% support tests—2018. If the organiz		_			_	_
b	line 18 is not more than 331/3%, check this I						
20	<b>Private foundation.</b> If the organization di		_		· · · · · · · · ·		_

#### 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.)

#### Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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 <b>Part VI</b> , 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).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? 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 <b>Part VI</b> .	5c		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
10a		10a		

10b

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.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
2	Did the expenientian expects for the banefit of any supported expenientian other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	on or type in outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete <b>line 2</b> below.			-/-
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	6:		
•	-	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? <i>Provide details in Part VI.</i>	20		
L		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying 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>b</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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		egrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)					
Sect	on D-Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish							
2	Amounts paid to perform activity that directly furthers exe							
	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	6 Other distributions (describe in <b>Part VI</b> ). See instructions.							
7	7 Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive					
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required – explain in <b>Part VI</b> ). See instructions.							
3	Excess distributions carryover, if any, to 2019							
a	5 0014							
b	From 2015							
С								
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D, line 7:							
a	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
3	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2015							
b	Excess from 2016							
С	Excess from 2017							
d	Excess from 2018							
	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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 2015:
3518. 2016: 7081. 2017: 2803. 2018: -555. Description: Court Awarded Fees 2018:
66705.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

20**19** Open to Public

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

Open to Public Inspection

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

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

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

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

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

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name o	of organization			Employer iden	tification number
CALI	FORNIA WOMEN'S LA	W CENTER		95-42044	.90
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 c	organization.
1	Provide a description of definition of "political can	the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2		y expenditures (see instructions) .		<b>\ ▶</b> \$	
3	Volunteer hours for politic	cal campaign activities (see instruc	ctions)		
Part		e organization is exempt unde			
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt unde	er section 501(d	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
	activities			<sup>.</sup> <b>&gt;</b> \$_	
2		filing organization's funds contributies			
3		expenditures. Add lines 1 and 2.		<del>-</del>	
	line 17b			▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year?	?	- 	Yes No
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committee	e (PAC). If additior	nal space is needed, provid	de information in Part IV.
	( <b>a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A		section 501(h)).	is exempt under section 501(c)(3) and filed	3 Form 5/68 (ele	ection under				
Α	Check ►	5 5	s to an affiliated group (and list in Part IV each affi	liated group memb	er's name,				
		address, EIN, expenses, and s	hare of excess lobbying expenditures).						
В	Check ▶	if the filing organization checked	ed box A and "limited control" provisions apply.						
		Limits on Lobby	ring Expenditures	(a) Filing	(b) Affiliated				
		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals				
•	1a Total l	obbying expenditures to influence p	oublic opinion (grassroots lobbying)	0.					
	<b>b</b> Total l	obbying expenditures to influence a	a legislative body (direct lobbying)	3,141.					
	c Total l	obbying expenditures (add lines 1a	and 1b)	3,141.					
	<b>d</b> Other	exempt purpose expenditures		1,179,048.					
	e Total e	exempt purpose expenditures (add	lines 1c and 1d)	1,182,189.					
	f Lobby	ing nontaxable amount. Enter th	ne amount from the following table in both						
	colum	ns.		193,219.					
	If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not ove	er \$500,000	20% of the amount on line 1e.						
	Over \$5	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$1	7,000,000	\$1,000,000.						
	<b>g</b> Grassi	oots nontaxable amount (enter 25%	% of line 1f)	48,305.					
	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 If ther	e is an amount other than zero o	on either line 1h or line 1i, did the organization	file Form 4720					
	reporti	ng section 4911 tax for this year?			Yes No				
			ar 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.								

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total					
2a	Lobbying nontaxable amount	103,186.	97,929.	117,872.		318,987.					
b	Lobbying ceiling amount (150% of line 2a, column (e))					478,481.					
С	Total lobbying expenditures	5,265.	3,265.	3,141.		11,671.					
d	Grassroots nontaxable amount	25,797.	24,482.	29,468.		79,747.					
е	Grassroots ceiling amount (150% of line 2d, column (e))					119,621.					
f	Grassroots lobbying expenditures										

See the separate instructions for lines 2a through 2f.)

Page **3** 

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed I	Form	5768		
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
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					
<b>2</b> a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of $\$2,000$ or less?			2	<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3	<u> </u>	
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."				ine 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part	• •					
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	i); Par	t II-A, I	nes 1	ana

Schedule C (Form	m 990 or 990-EZ) 2019	Page <b>4</b>
Part IV	Supplemental Information (continued)	
	. ,	
		·

Schedule C (Form 990 or 990-EZ) 2019

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number CALIFORNIA WOMEN'S LAW CENTER 95-4204490 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a Total acreage restricted by conservation easements . . . . . . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

**b** Assets included in Form 990, Part X . . . . .

Schedule D (Form 990) 2019 Page **2** 

Part	Organizations Maintaining C	ollections of A	Art, His	torical 1	reasures	, or Ot	ther Similar A	ssets (cc	ntinued)
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and oth	ner recor	ds, chec	k any of th	e follov	ving that make	significant	t use of its
а	☐ Public exhibition		d	Loan	or exchang	e progi	ram		
b	Scholarly research		е		_				
С	☐ Preservation for future generations								
4	Provide a description of the organizatio XIII.	n's collections a	nd expla	in how t	hey further	the org	ganization's exe	mpt purpo	ose in Part
5	During the year, did the organization so	olicit or receive of	donation	s of art,	historical tr	easure	s, or other simi	lar	
	assets to be sold to raise funds rather th		ned as p	part of the	e organizati	on's co	ollection?		s 🗌 No
Part	Complete if the organization a 990, Part X, line 21.		on For	m 990, F	Part IV, line	e 9, or	reported an a	mount or	n Form
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?			-				ot 🗌 Ye	es 🗌 No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the fo	llowing ta	able:				
							, A	Amount	
С	Beginning balance					10	;		
d	Additions during the year					10	ŀ		
е	Distributions during the year					16	•		
f	Ending balance					11	†		
2a	Did the organization include an amount	on Form 990, Pa	rt X, line	21, for e	scrow or co	ustodia	l account liabilit	y? 🗌 <b>Y</b> e	s 🗌 No
b	If "Yes," explain the arrangement in Part	XIII. Check here	if the ex	cplanation	n has been	provid	ed on Part XIII .		
Part	V Endowment Funds.								
	Complete if the organization a	nswered "Yes"	on For	m 990, F	Part IV, line	<b>∍</b> 10.			
		(a) Current year	(b) Prid	or year	(c) Two year	s back	(d) Three years bad	ck (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 the	current year end	d balanc	e (line 1g	, column (a	)) held	as:	-	
а	Board designated or quasi-endowment		%						
b	Permanent endowment ►	%	-						
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c	should equal 10	0%.						
3a	Are there endowment funds not in the p	oossession of the	e organiz	zation tha	at are held	and ad	lministered for t	he	
	organization by:		Ü						Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga	anizations listed	as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses o								<u>'</u>
Part	VI Land, Buildings, and Equipm	ent.							
	Complete if the organization a	nswered "Yes"	on For	m 990, F	art IV, line	e 11a.	See Form 990	, Part X,	line 10.
	Description of property	(a) Cost or oth (investme	er basis	(b) Cost o	or other basis ther)	(c)	Accumulated epreciation	( <b>d</b> ) Boo	
	Land		0.						0.
b	Buildings								- · ·
C	Leasehold improvements								
d	Equipment				68,825.		68,033.		792.
e	Other				,		,		
	Add lines 1a through 1e. (Column (d) mus	st equal Form 99	0, Part )	K, column	n (B), line 10	Oc.) .	•		792.

Part VII	Investments – Other Securities.			rage <b>C</b>
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: -of-year market value
(1) Financial	derivatives			
	eld equity interests	2,707,081.	FMV	
(3) Other				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	2,707,081.		
Part VIII	Investments—Program Related.	2,707,001.		
i ait viii	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value		hod of valuation:
	(a) Description of investment	(b) Book value		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	on OOO Dord IV line		000 David V line 45
	Complete if the organization answered "Yes" on For	m 990, Part IV, III	ie 11a. See Form	
(4) = ======	(a) Description			(b) Book value
(1) ADVANO				0. 4,474.
(2) DEPOS	115			4,4/4.
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 15.)			4,474.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, Iir	ne 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(2) DEFERE	RED RENT			21,650.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn /h) must squal Form 000. Part V sol /D) line 05.		<u> </u>	01 (50
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			21,650.
	r uncertain tax positions. In Part XIII, provide the text of the footnors is liability for uncertain tax positions under FASB ASC 740. Check			

Schedule D (Form 990) 2019 Page 4

Part			Retur	n.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,263,341.
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 <b>2e</b> from line <b>1</b>		3	1,263,341.
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 <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	1,263,341.
Part			er Ret	urn.
	Complete if the organization answered "Yes" on Form 990, I			
1	Total expenses and losses per audited financial statements		1	1,182,190.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	I A I		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,182,190.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	1,182,190.
Part	- 11			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
z; Pan	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormat	lion.

Schedule D (For	m 990) 2019	Page 🕻
Part XIII	Supplemental Information (continued)	

#### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service

Name	of the organization	do to www.ms.gov/i	01111000 101 1		na the latest informs	Employer identific	nisjeetion cation number
	IFORNIA WOMEN'S LAW CEN	ITER				95-4204490	
Par		Complete if th			vered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organization	<u> </u>			owing activities. C	Check all that apply.	
а	☐ Mail solicitations				on of non-goverr		
b	☐ Internet and email solicitatio	ns	f [		on of governmen	_	
С	☐ Phone solicitations		g [		undraising event	_	
d	☐ In-person solicitations		_	·			
2a	Did the organization have a writ	ten or oral agree	ement with	anv individ	lual (including off	icers. directors. trust	ees.
	or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	irsuant to agreen	nents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or 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	List all states in which the orga registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contribution	ns or has been notifi	ed 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	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	21,200.			21,200.
Ж	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	21,200.			21,200.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10		ld lines 4 through 9 in c	olumn (d)		21,200.
Pa	11 rt				► 990. Part IV. line 19.	
		\$15,000 on Form 990-E2	Z, line 6a.		, ,	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
D	5	Other direct expenses .				
	6		☐ 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	y. Subtract line 7 from li	ne 1, column (d)		
	а	Enter the state(s) in which the or is the organization licensed to colf "No," explain:	onduct gaming activities	s in each of these states	s?	🗌 Yes 🗌 No
10		Were any of the organization's g If "Yes," explain:	aming licenses revoked	I, suspended, or termina		? . □ Yes □ No

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?	☐ Yes ☐ No
13	Indicate the percentage of gaming activity conducted in:	0.4
a	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:	
	records.	
	Name >	
	Name ►	
	Address►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	☐ Yes ☐ No
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:	
	A.	
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ▶ \$	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
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?	☐ Yes ☐ No
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 ▶ \$	
art		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	nai information
	See instructions.	

Page 3

Schedule G (Form 990 or 990-EZ) 2019

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

CALIFORNIA WOMEN'S LAW CENTER	95-4204490
Pt VI, Line 12c: A conflict of interest policy was approved by the	ne Board of
Directors on 9/7/14. Annually each director is required to disc	lose any conflicts
of interest on the conflict of interest disclosure statement.	The forms are
reviewed by the Board.	
Pt VI, Line 15a: The Executive Director's salary is reviewed annu	ually by the
Executive Committee.	
Pt VI, Line 19: The organization's Form 1023, conflict of interes	st policy and
other governing documents are available upon request.	
Pt VI, Line 11b: A copy of Form 990 is provided to the Executive	Director and
the Executive Committee for review. A copy is given to all Board	d members after
the return is filed.	

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning Jul 1 , 2019, and ending Jun 30, 20 20

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

OMB No. 1545-1878

Internal Davanua Canica	► Go to www.irs.gov/Form8879EO for	for your records.	2019
Internal Revenue Service  Name of exempt organization	Co to www.iis.gov/i ormoo/320 tol		lentification number
· -	I ALL CHAMPED		
CALIFORNIA WOMEN'S Name and title of officer	LAW CENTER	95-4204	1490
Part I Type of Retu	irn and Return Information (Whole Dollars	Only	
			if any frame the restrict of the second
check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, or	n for which you are using this Form 8879-EO and a, 3a, 4a, or 5a, below, and the amount on that 5b, whichever is applicable, blank (do not ente 00 not complete more than one line in Part I.	line for the return being filed w	vith this form was blank, then
1a Form 990 check here ▶	<b>b</b> Total revenue, if any (Form 990, Part	VIII, column (A), line 12)	. <b>1b</b> 1,263,341.
2a Form 990-EZ check her	re <b>D b Total revenue,</b> if any (Form 990-E	Z, line 9)	. 2b
3a Form 1120-POL check	here ► □ <b>b Total tax</b> (Form 1120-POL, line	22)	. 3b
4a Form 990-PF check her	re <b>D</b> b Tax based on investment income (	(Form 990-PF, Part VI, line 5) .	. 4b
5a Form 8868 check here	▶ ☐ <b>b Balance Due</b> (Form 8868, line 3c) .		. 5b
Part II Declaration	and Signature Authorization of Officer		
	I declare that I am an officer of the above organ	ization and that I have examine	od a copy of the
to send the organization's r the transmission, <b>(b)</b> the rea	turn. I consent to allow my intermediate service return to the IRS and to receive from the IRS (a) ason for any delay in processing the return or retained its designated Financial Agent to initiate ar	an acknowledgement of receip fund, and (c) the date of any re	ot or reason for rejection of efund. If applicable, I
financial institution account return, and the financial inst Agent at 1-888-353-4537 n involved in the processing of resolve issues related to the	t indicated in the tax preparation software for patitution to debit the entry to this account. To revio later than 2 business days prior to the payment of the electronic payment of taxes to receive cole payment. I have selected a personal identification of the organization's consent to electronic pox only	lyment of the organization's fed oke a payment, I must contact int (settlement) date. I also author infidential information necessary tion number (PIN) as my signation funds withdrawal.	deral taxes owed on this the U.S. Treasury Financial orize the financial institutions y to answer inquiries and ure for the organization's
financial institution account return, and the financial ins Agent at 1-888-353-4537 n involved in the processing of resolve issues related to the electronic return and, if app Officer's PIN: check one by	t indicated in the tax preparation software for patitution to debit the entry to this account. To revio later than 2 business days prior to the payment of the electronic payment of taxes to receive cone payment. I have selected a personal identificationicable, the organization's consent to electronic	lyment of the organization's fed oke a payment, I must contact int (settlement) date. I also author infidential information necessary tion number (PIN) as my signation funds withdrawal.	deral taxes owed on this the U.S. Treasury Financial orize the financial institutions y to answer inquiries and ure for the organization's as my signature umbers, but
financial institution account return, and the financial instagent at 1-888-353-4537 n involved in the processing or resolve issues related to the electronic return and, if app Officer's PIN: check one build authorize  on the organization's to being filed with a state.	t indicated in the tax preparation software for patitution to debit the entry to this account. To revio later than 2 business days prior to the payment of the electronic payment of taxes to receive cole payment. I have selected a personal identification of the organization's consent to electronic pox only	lyment of the organization's fedooke a payment, I must contact on the settlement of date. I also authorifidential information necessary tion number (PIN) as my signate funds withdrawal.  To enter my PIN  Enter five nuit do not enter indicated within this return tha	deral taxes owed on this the U.S. Treasury Financial orize the financial institutions y to answer inquiries and ure for the organization's  as my signature ambers, but all zeros ut a copy of the return is
financial institution account return, and the financial instagent at 1-888-353-4537 n involved in the processing of resolve issues related to the electronic return and, if app Officer's PIN: check one build authorize  on the organization's to being filed with a state ERO to enter my PIN of If I have indicated with	t indicated in the tax preparation software for patitiution to debit the entry to this account. To revious later than 2 business days prior to the payment of the electronic payment of taxes to receive cone payment. I have selected a personal identification of the organization's consent to electronic pox only  ERO firm name  tax year 2019 electronically filed return. If I have eagency(ies) regulating charities as part of the life.	nyment of the organization's feed oke a payment, I must contact not (settlement) date. I also authorificential information necessary tion number (PIN) as my signate funds withdrawal.  To enter my PIN  Enter five number of the	deral taxes owed on this the U.S. Treasury Financial orize the financial institutions y to answer inquiries and ure for the organization's  as my signature ambers, but all zeros at a copy of the return is authorize the aforementioned
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## Additional information from your 2019 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Other amt. not included

Itemization Statemen	t
Amount	1

Description	Amount
CONTRIBUTIONS	33,497.
FOUNDATION GRANTS	42,222.
PRO BONO LEGAL SERVICES	463,036.
Total	538,755.

