

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization WOMEN'S FOUNDATION OF CALIFORNIA
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
300 FRANK H. OGAWA PLAZA, SUITE 420
 City or town, state or province, country, and ZIP or foreign postal code
OAKLAND, CA 94612

D Employer identification number
94-2752421

E Telephone number
(510) 740-2500

F Name and address of principal officer: SURINA KHAN
SAME AS C ABOVE

G Gross receipts \$ 8,342,214

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.WOMENSFOUNDCA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1979 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>GROUNDING IN THE BELIEF THAT THOSE CLOSEST TO THE CHALLENGES IN THEIR COMMUNITIES ARE IN THE BEST POSITION TO DEVELOP SOLUTIONS. (CONTINUED ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> 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)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	34
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>5,348,778</u>	Current Year <u>7,528,330</u>
	9	Program service revenue (Part VIII, line 2g)	<u>163,361</u>	<u>175,412</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>399,780</u>	<u>120,738</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>52,104</u>	<u>101,541</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>5,964,023</u>	<u>7,926,021</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>1,783,471</u>	<u>2,402,214</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>1,914,499</u>	<u>1,941,791</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>25,000</u>	<u>98,000</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>527,829</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,962,255</u>	<u>2,791,090</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>5,685,225</u>	<u>7,233,095</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>278,798</u>	<u>692,926</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>10,135,755</u>	End of Year <u>11,948,175</u>
	21	Total liabilities (Part X, line 26)	<u>773,310</u>	<u>2,021,899</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>9,362,445</u>	<u>9,926,276</u>

Part II Signature Block

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

Sign Here

Signature of officer: SURINA KHAN, CHIEF EXECUTIVE OFFICER Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: NICOLE BENCIK Preparer's signature: *Nicole Bencik* Date: 4/20/2017 Check if self-employed PTIN: P00756195
 Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224 Phone no. (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

	Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions. WOMEN'S FOUNDATION OF CALIFORNIA	Employer identification number (EIN) or 94-2752421
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 300 FRANK H. OGAWA PLAZA, SUITE 420	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94612	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ BERNADETTE REGALADO

Telephone No. ▶ (510) 740-2506 Fax No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 17, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 20 ____ or

▶ tax year beginning 07/01, 20 15, and ending 06/30, 20 16.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. WOMEN'S FOUNDATION OF CALIFORNIA	Employer identification number (EIN) or 94-2752421
	Number, street, and room or suite no. If a P.O. box, see instructions. 300 FRANK H. OGAWA PLAZA, SUITE 420	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94612	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► BERNADETTE REGALADO
 Telephone No. ► (510) 740-2506 Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 05/15, 20 17 .
- 5 For calendar year _____, or other tax year beginning 07/01, 20 15, and ending 06/30, 20 16 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► Tax Manager Date ► 1-26-2017

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

GROUNDING IN THE BELIEF THAT THOSE CLOSEST TO THE CHALLENGES IN THEIR COMMUNITIES ARE IN THE BEST POSITION TO DEVELOP SOLUTIONS, THE WOMEN'S FOUNDATION OF CALIFORNIA (WFC) TRAINS AND INVESTS IN WOMEN TO BECOME PUBLIC POLICY ADVOCATES AND PHILANTHROPIC LEADERS TO ADVANCE GENDER EQUITY AND STRENGTHEN THE ECONOMIC WELL-BEING OF CALIFORNIA'S WOMEN AND THEIR FAMILIES. FOR NEARLY 40 YEARS,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,802,707 including grants of \$ 2,402,214) (Revenue \$)

PHILANTHROPY – THE FOUNDATION MANAGES A NUMBER OF GRANTMAKING INITIATIVES, FUNDER COLLABORATIVES, GIVING CIRCLES AND DONOR ADVISED FUNDS. GRANTS ARE MADE TO OUTSTANDING NONPROFIT ORGANIZATIONS THAT ARE REMOVING BARRIERS AND CREATING OPPORTUNITIES FOR QUALITY EMPLOYMENT AND CAREER ADVANCEMENT; ADVANCING WOMEN'S REPRODUCTIVE HEALTH, RIGHTS AND JUSTICE; AND INCREASING CIVIC PARTICIPATION IN COMMUNITIES OF COLOR. THE FOUNDATION'S GIVING CIRCLES OFFER INDIVIDUAL DONORS A HANDS-ON APPROACH TO PHILANTHROPY, RESULTING IN MORE THAN \$14 MILLION IN GRANTS TO OVER 500 LOCAL NONPROFIT ORGANIZATIONS OVER THE PAST SIXTEEN YEARS. THE FOUNDATION'S VARIOUS FUNDING STREAMS REPRESENT A POWERFUL INVESTMENT IN THE PROGRAMS AND PEOPLE WHO ADVANCE GENDER EQUITY AND STRENGTHEN THE ECONOMIC WELL-BEING OF WOMEN AND THEIR FAMILIES. UNLIKE PRIVATE FOUNDATIONS THAT CAN SUSTAIN THEIR PHILANTHROPY FROM ENDOWMENTS, THE FOUNDATION IS A PUBLIC COMMUNITY FOUNDATION THAT RELIES ON THE ONGOING GENEROSITY OF INDIVIDUALS AND INSTITUTIONAL PARTNERS.

4b (Code:) (Expenses \$ 705,069 including grants of \$) (Revenue \$ 175,412)

PUBLIC POLICY – OUR WOMEN'S POLICY INSTITUTE (WPI) AMPLIFIES THE VOICES OF CALIFORNIA WOMEN THROUGH A YEAR-LONG TRAINING PROGRAM IN STATE AND COUNTY PUBLIC POLICYMAKING. FELLOWS OF DIVERSE BACKGROUNDS AND EXPERIENCES ARE PAIRED WITH A MENTOR AND WORK IN TEAMS TO IMPLEMENT IMPORTANT LEGISLATIVE PROJECTS. TO DATE, WPI HAS TRAINED 400 ADVOCATES AND LOCAL LEADERS AND HELPED PASS 29 NEW STATEWIDE LAWS IMPROVING CALIFORNIANS' HEALTH, SAFETY AND ECONOMIC WELL-BEING. WFC ALSO SERVES AS A TRUSTED ALLY AND STRATEGIC CONNECTOR ACROSS THE STATE, HELPING TO BUILD COALITIONS AND CREATE A COMPREHENSIVE WOMEN'S POLICY AGENDA.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **5,507,776**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

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	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	64		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>		
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	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<input checked="" type="checkbox"/>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<input checked="" type="checkbox"/>	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<input checked="" type="checkbox"/>	
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 and services provided to the payor?	7a		<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<input checked="" type="checkbox"/>	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<input checked="" type="checkbox"/>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<input checked="" type="checkbox"/>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<input checked="" type="checkbox"/>	
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	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?		

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 BERNADETTE REGALADO, 300 FRANK H. OGAWA PLAZA, SUITE 420, OAKLAND, CA 94612, (510)740-2506

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARYBETH FITZSIMMONS TREASURER	1.0	✓		✓				0	0	0
(2) MARYANN REYES JACKMON SECRETARY	1.0	✓		✓				0	0	0
(3) MICHELLE CALE VICE CHAIR	1.0	✓		✓				0	0	0
(4) GRETCHEN SANDLER CHAIR	1.0	✓		✓				0	0	0
(5) SURINA KHAN CHIEF EXECUTIVE OFFICER	35.0	✓		✓			209,405	0		7,608
(6) ALEXANDRIA MARCUS MEMBER	1.0	✓						0	0	0
(7) BRENDA WRIGHT MEMBER	1.0	✓						0	0	0
(8) HENRY A. J. RAMOS MEMBER	1.0	✓						0	0	0
(9) ORSON AGUILAR MEMBER	1.0	✓						0	0	0
(10) ISABEL BARRERAS MEMBER	1.0	✓						0	0	0
(11) LORI NISHIURA MACKENZIE MEMBER	1.0	✓						0	0	0
(12) TAM M MA MEMBER	1.0	✓						0	0	0
(13) ARACELI CAMPOS MEMBER	1.0	✓						0	0	0
(14) JULIE DUBICK MEMBER	1.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ELLEN Y SLOAN MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) CATHERINE SCHREIBER ROUHANI CHIEF OPERATING OFFICER	35.0			<input checked="" type="checkbox"/>				117,714	0	14,137
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								327,119	0	21,745
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								327,119	0	21,745

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FISCAL MANAGEMENT ASSOCIATES, 440 PARK AVENUE SOUTH, SUITE 3, NEW YORK, NY 10016	FINANCIAL MANAGEMENT, ACCOUNTING	143,721
E2K EVENTS X ENTERTAINMENT, 445 N. WHISMAN ROAD, #100, MOUNTAIN VIEW, CA 94043	EVENT PRODUCTION	110,000
PLUMBLINE COACHING AND CONSULTING, 541 S. 52ND STREET, OMAHA, NE 68106	CONSULTING SERVICES	106,938

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 3**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,528,330				
	g Noncash contributions included in lines 1a-1f: \$		289,668				
	h Total. Add lines 1a-1f		7,528,330				
Program Service Revenue	Business Code						
	2a PROGRAM INCOME	900099	20,724	20,724			
	b ADMINISTRATION FEES	900099	154,688	154,688			
	c _____						
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		175,412					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		147,738			147,738	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	1,333				
		(ii) Personal					
		b Less: rental expenses					
	c Rental income or (loss)		1,333	0			
	d Net rental income or (loss)		1,333			1,333	
	7a Gross amount from sales of assets other than inventory	(i) Securities	389,193				
		(ii) Other					
		b Less: cost or other basis and sales expenses	416,193				
		c Gain or (loss)	(27,000)	0			
	d Net gain or (loss)		(27,000)			(27,000)	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS	900099	100,208			100,208		
b _____							
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		100,208					
12 Total revenue. See instructions.		7,926,021	175,412	0	222,279		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,310,617	2,310,617		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	91,597	91,597		
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	370,004	62,582	233,818	73,605
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	1,252,895	729,370	342,444	181,081
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,333	10,446	30,651	236
9 Other employee benefits	155,663	61,423	77,458	16,782
10 Payroll taxes	121,896	63,462	40,836	17,598
11 Fees for services (non-employees):				
a Management	23,108	816	22,188	104
b Legal	8,784	2,479	6,305	
c Accounting	185,816	2,789	183,027	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	98,000			98,000
f Investment management fees	50,328	39,111	11,217	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	893,833	781,115	71,515	41,203
12 Advertising and promotion	29,994	25,069	760	4,165
13 Office expenses	87,921	63,675	12,984	11,262
14 Information technology				
15 Royalties				
16 Occupancy	158,821	82,078	61,105	15,638
17 Travel	436,507	377,806	26,383	32,318
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,779	37,436	785	1,558
20 Interest	2,216		2,216	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,430	13,485	6,195	2,750
23 Insurance	10,574	2,702	7,518	354
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EQUIPMENT, MAINTENANCE, LEASES, SOFTWARE</u>	106,851	60,186	28,935	17,730
b <u>ADMINISTRATIVE FEE</u>	154,688	154,688		
c <u>BANK CHARGES</u>	22,836	7,404	13,019	2,413
d <u>DUES & SUBSCRIPTIONS</u>	14,952	6,103	7,624	1,225
e All other expenses	541,652	521,337	10,508	9,807
25 Total functional expenses. Add lines 1 through 24e	7,233,095	5,507,776	1,197,491	527,829
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	755,073	1	1,231,527
	2 Savings and temporary cash investments	400,000	2	236,362
	3 Pledges and grants receivable, net	1,666,879	3	3,428,558
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,124	9	15,591
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	134,233		
	b Less: accumulated depreciation	116,113	10c	18,120
	11 Investments—publicly traded securities	7,196,486	11	6,962,259
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	60,767	15	55,758
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,135,755	16	11,948,175	
Liabilities	17 Accounts payable and accrued expenses	190,851	17	294,720
	18 Grants payable	552,000	18	1,315,617
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		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	30,459	25	411,562
	26 Total liabilities. Add lines 17 through 25	773,310	26	2,021,899
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,518,253	27	4,328,034
	28 Temporarily restricted net assets	2,689,677	28	4,443,727
	29 Permanently restricted net assets	1,154,515	29	1,154,515
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,362,445	33	9,926,276
34 Total liabilities and net assets/fund balances	10,135,755	34	11,948,175	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,926,021
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,233,095
3	Revenue less expenses. Subtract line 2 from line 1	3	692,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,362,445
5	Net unrealized gains (losses) on investments	5	(129,095)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,926,276

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization WOMEN'S FOUNDATION OF CALIFORNIA	Employer identification number 94-2752421
---	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,435,393	3,550,525	4,946,777	5,348,778	7,528,330	25,809,803
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	4,435,393	3,550,525	4,946,777	5,348,778	7,528,330	25,809,803
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)						6,337,773
6 Public support. Subtract line 5 from line 4.						19,472,030

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4,435,393	3,550,525	4,946,777	5,348,778	7,528,330	25,809,803
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	108,520	118,399	145,031	148,444	149,071	669,465
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,446	16,187	85	52,104	100,208	194,030
11 Total support. Add lines 7 through 10						26,673,298
12 Gross receipts from related activities, etc. (see instructions)					12	875,007
13 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) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	73.00 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	78.62 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section 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? <i>If "No," describe in Part VI 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.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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? <i>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.</i>	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . .			
d Excess from 2014 . . .			
e Excess from 2015 . . .			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	OTHER INCOME	2,901	16,187	85	52,104	100,208	171,485
	FUNDRAISING REVENUE	22,545					22,545
	Total	25,446	16,187	85	52,104	100,208	194,030

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

WOMEN'S FOUNDATION OF CALIFORNIA

Employer identification number

94-2752421

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization WOMEN'S FOUNDATION OF CALIFORNIA	Employer identification number 94-2752421
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,748,757	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 452,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 268,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WOMEN'S FOUNDATION OF CALIFORNIA	Employer identification number 94-2752421
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 150,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WOMEN'S FOUNDATION OF CALIFORNIA	Employer identification number 94-2752421
---	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,765 SHARES OF BERKSHIRE HATHAWAY B ----- ----- -----	\$ 248,757	12/15/2016 -----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization WOMEN'S FOUNDATION OF CALIFORNIA	Employer identification number 94-2752421
---	---

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization WOMEN'S FOUNDATION OF CALIFORNIA	Employer identification number 94-2752421
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	200,646	0												
c	Total lobbying expenditures (add lines 1a and 1b)	200,646	0												
d	Other exempt purpose expenditures	5,405,130													
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,605,776	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	430,289	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	107,572	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	447,527	454,472	434,261	430,289	1,766,549
b Lobbying ceiling amount (150% of line 2a, column (e))					2,649,824
c Total lobbying expenditures	181,343	144,626	149,396	200,646	676,011
d Grassroots nontaxable amount	111,882	113,618	108,565	107,572	441,638
e Grassroots ceiling amount (150% of line 2d, column (e))					662,456
f Grassroots lobbying expenditures	0	0	0	0	0

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: WOMEN'S FOUNDATION OF CALIFORNIA; Employer identification number: 94-2752421

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year (5), Aggregate value of contributions (14,921), Aggregate value of grants (352,549), Aggregate value at end of year (5,228,277), and Yes/No questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, with revenue and asset amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,329,738	1,355,355	1,209,294	1,227,788	1,267,637
b Contributions			0	0	0
c Net investment earnings, gains, and losses	(10,348)	34,383	206,061	41,506	151
d Grants or scholarships			0	0	0
e Other expenditures for facilities and programs	60,000	60,000	60,000	60,000	40,000
f Administrative expenses			0	0	0
g End of year balance	1,259,390	1,329,738	1,355,355	1,209,294	1,227,788

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0.00 %
- b** Permanent endowment ▶ 91.67 %
- c** Temporarily restricted endowment ▶ 8.33 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		✓
(ii) related organizations		✓
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		54,027	43,921	10,106
e Other		80,206	72,192	8,014
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,120

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	24,637	
(3) LINE OF CREDIT	350,000	
(4) AMOUNT HELD FOR OTHERS	36,925	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	411,562	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,796,926
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	(129,095)	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d	2e	(129,095)	
3	Subtract line 2e from line 1	3		7,926,021
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b	4c		0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5		7,926,021

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,233,095
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d	2e		0
3	Subtract line 2e from line 1	3		7,233,095
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b	4c		0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5		7,233,095

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[SEE STATEMENT](#)

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	TO PROVIDE SUPPORT IN MEETING THE OPERATING AND PROGRAM NEEDS OF THE FOUNDATION.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE FOUNDATION IS A NONPROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND FROM STATE OF CALIFORNIA INCOME TAXES. THEREFORE, THESE FINANCIAL STATEMENTS CONTAIN NO PROVISION FOR SUCH TAXES. INFORMATIONAL RETURNS ARE FILED ANNUALLY WITH FEDERAL AND STATE TAXING AUTHORITIES.</p> <p>THE FOUNDATION USES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL STATEMENTS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED. FOR THE YEARS ENDED JUNE 30, 2016 AND 2015, MANAGEMENT HAS DETERMINED THAT THE FOUNDATION DOES NOT HAVE ANY TAX POSITIONS THAT RESULT IN ANY UNCERTAINTIES REGARDING THE POSSIBLE IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2012. THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE FOUNDATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE FOUNDATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2016 AND 2015.</p>

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

WOMEN'S FOUNDATION OF CALIFORNIA

Employer identification number

94-2752421

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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	STEFANIE ROUMELIOTES 465 CALIFORNIA STREET, SUITE 425, SAN FRANCISCO, CA 94104	BAY AREA WOMEN'S SUMMIT		✓	1,203,600	98,000	1,105,600
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					1,203,600	98,000	1,105,600

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1 Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 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:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming 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 ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** 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 ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

94-2752421

WOMEN'S FOUNDATION OF CALIFORNIA

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A NEW WAY OF LIFE REENTRY PROJECT PO BOX 875288, LOS ANGELES, CA 90087	95-4782503	501(C)(3)	70,000				GENERAL OPERATING SUPPORT
(2) A NEW WAY OF LIFE REENTRY PROJECT PO BOX 875288, LOS ANGELES, CA 90087	95-4782503	501(C)(3)	1,000				JUSTICE ON TRIAL FILM FESTIVAL
(3) ABLE WORKS 1836 BAY ROAD, SUITE B, EAST PALO ALTO, CA 94303	20-2175098	501(C)(3)	10,000				LIVEABLE: WOMEN
(4) ABLE WORKS 1836 BAY ROAD, SUITE B, EAST PALO ALTO, CA 94303	20-2175098	501(C)(3)	10,000				LIVEABLE: WOMEN
(5) ACCESS/WOMEN'S HEALTH RIGHTS COALITION PO BOX 3609, OAKLAND, CA 94610	51-0163201	501(C)(3)	30,000				GENERAL OPERATING SUPPORT
(6) ACLU OF NORTHERN CALIFORNIA 39 DRUMM STREET, SAN FRANCISCO, CA 94111	94-0279770	501(C)(3)	25,000				(SEE STATEMENT)
(7) ACT FOR WOMEN AND GIRLS P.O. BOX 536, VISALIA, CA 93279	26-0287450	501(C)(3)	30,000				GENERAL OPERATING SUPPORT
(8) ALLIANCE FOR JUSTICE 11 DUPONT CIRCLE, NW, 2ND FLOOR, WASHINGTON, DC 20036	52-1009973	501(C)(3)	500				GENERAL OPERATING SUPPORT
(9) AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN 39 DRUMM STREET, SAN FRANCISCO, CA 94111	94-0279770	501(C)(3)	2,000				GENERAL OPERATING SUPPORT
(10) ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANTA C 2400 MOORPARK AVENUE, SUITE 300, SAN JOSE, CA 95128	94-2292491	501(C)(3)	10,000				ASIAN WOMEN'S HOME
(11) ASTRAEA LESBIAN FOUNDATION FOR JUSTICE 116 EAST 16TH STREET, 7TH FLOOR, NEW YORK, NY 10003	13-2992977	501(C)(3)	2,000				GENERAL OPERATING SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 101

3 Enter total number of other organizations listed in the line 1 table ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	10	34,601			
2 STIPEND	50	56,996			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SEE STATEMENT

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNTY 4305 UNIVERSITY AVENUE, SUITE 300, SAN DIEGO, CA 92105	95-2151526	501(C)(3)	20,000				BEYOND SCHOOL WALLS "SISTER-2-SISTER", WORKPLACE MENTORING FOR GIRLS
(13) BLACK WOMEN FOR WELLNESS P.O. BOX 292516, LOS ANGELES, CA 90029	95-4624707	501(C)(3)	15,000				SISTERS IN CONTROL REPRODUCTIVE JUSTICE
(14) CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK 111 NEW MONTGOMERY STREET, 7TH FLOOR, SAN FRANCISCO, CA 94105	94-2718807	501(C)(3)	50,000				WAITING FOR CHANGE: MOTHERS ADVOCATING FOR JUSTICE IN CHILD CARE
(15) CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE PO BOX 861766, LOS ANGELES, CA 90086	26-2213868	501(C)(3)	5,000				STRONGER CALIFORNIA COALITION
(16) CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE PO BOX 861766, LOS ANGELES, CA 90086	26-2213868	501(C)(3)	30,000				GENERAL OPERATING SUPPORT
(17) CALIFORNIA WOMEN'S LAW CENTER 360 NORTH SEPULVEDA BLVD. SUITE 2070, EL SEGUNDO, CA 90245	95-4204490	501(C)(3)	20,000				PLAN C: ASSESSING LIABILITY AND INCREASING ACCESS TO SELF INDUCTION
(18) CALIFORNIANS FOR JUSTICE EDUCATION FUND, INC. 1971 LAS PLUMAS AVE., SAN JOSE, CA 95133	94-3256009	501(C)(3)	10,000				GIRLS LEADERSHIP DEVELOPMENT AND EMPOWERMENT PROGRAM
(19) CENTER FOR COMMUNITY ACTION AND ENVIRONMENTAL JUSTICE PO BOX 33124, JURUPA VALLEY, CA 92519	33-0562082	501(C)(3)	18,000				INLAND EMPOWERMENT COLLABORATIVE CAPACITY BUILDING GRANT
(20) CENTER FOR COMMUNITY CHANGE 2533 W. 3RD STREET, #101, LOS ANGELES, CA 90057	52-0888113	501(C)(3)	15,000				INLAND REGION CIVIC ENGAGEMENT CAPACITY BUILDING PROJECT
(21) CHICO FEMINIST WOMEN'S HEALTH CENTER 1442 ETHAN WAY, SUITE 100, SACRAMENTO, CA 95825	94-2259357	501(C)(3)	30,000				CHOICE OF PROVIDER PROJECT
(22) COMMUNITIES FOR A NEW CALIFORNIA EDUCATION FUND 4120 DOUGLAS BLVD. #306-418, GRANITE BAY, CA 95746-5936	45-1636468	501(C)(3)	18,000				INLAND EMPOWERMENT COLLABORATIVE CAPACITY BUILDING GRANT
(23) COMMUNITY COALITION FOR SUBSTANCE ABUSE PREVENTION & TREATMENT 8101 S. VERMONT AVENUE, LOS ANGELES, CA 90044	95-4298811	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(24) COMMUNITY PARTNERS 1000. N. ALAMEDA STREET SUITE 240, LOS ANGELES, CA 90012	95-4302067	501(C)(3)	18,000				INLAND EMPOWERMENT COLLABORATIVE CAPACITY BUILDING GRANT
(25) COMMUNITY PARTNERS 3655 S. GRAND AVE. SUITE 240, LOS ANGELES, CA 90007	95-4302067	501(C)(3)	15,000				BUILDING RESILIENCE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(26) COMMUNITY PARTNERS 1330 FACTORY PLACE, UNIT F-104, LOS ANGELES, CA 90013	95-4302067	501(C)(3)	10,000				WRITEGIRL CORE MENTORING PROGRAM: BOLD FUTURES
(27) CONGREGATIONS ORGANIZED FOR PROPHETIC ENGAGEMENT 1505 W. HIGHLAND AVENUE, SUITE 1, SAN BERNARDINO, CA 92411	33-0938212	501(C)(3)	18,000				INLAND EMPOWERMENT COLLABORATIVE CAPACITY BUILDING GRANT
(28) CRITICAL RESISTANCE 1904 FRANKLIN ST #504, OAKLAND, CA 94612	20-4412916	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(29) DEMOS A NETWORK FOR IDEAS AND ACTION 220 FIFTH AVENUE, 2ND FL, NEW YORK, NY 10001	13-4105066	501(C)(3)	1,000				GENERAL OPERATING SUPPORT
(30) EACH ONE REACH ONE 146 SOUTH SPRUCE AVENUE, SOUTH SAN FRANCISCO, CA 94080	94-3374997	501(C)(3)	18,000				COMMUNITY BRIDGES PROGRAM (CBP): INSIDE-OUT LIFE SKILLS, HEALTH AND WELLNESS, AND EDUCATIONAL SUPPORT FOR YOUNG WOMEN IN SAN MATEO AND SANTA CLARA COUNTIES.
(31) EL SOL NEIGHBORHOOD EDUCATIONAL CENTER 766 NORTH WATERMAN AVE, SAN BERNARDINO, CA 92410	33-0552297	501(C)(3)	85,000				COMMUNITY HEALTH WORKER PROJECT
(32) ELLA BAKER CENTER FOR HUMAN RIGHTS IN CALIFORNIA 1970 BROADWAY, SUITE 1125, OAKLAND, CA 94612	94-3252009	501(C)(3)	50,000				GENERAL OPERATING SUPPORT
(33) EQUAL RIGHTS ADVOCATES 1170 MARKET STREET, #700, SAN FRANCISCO, CA 94102	23-7217027	501(C)(3)	5,000				STRONGER CALIFORNIA ADVOCATES NETWORK
(34) ESSIE JUSTICE GROUP 300 FRANK OGAWA PLAZA, SUITE 420, OAKLAND, CA 94612	80-0956021	501(C)(3)	15,000				WOMEN WITH INCARCERATED LOVES ONES PROJECT
(35) FACING HISTORY AND OURSELVES INC 300 FRANK H. OGAWA PLAZA, SUITE 269, OAKLAND, CA 94612	04-2761636	501(C)(3)	10,000				GENERAL OPERATING SUPPORT (FOR PROGRAMS IN THE BAY AREA AND ON THE PENINSULA)
(36) FAMILY ASSISTANCE PROGRAM 15075 SEVENTH ST, VICTORVILLE, CA 92395	33-0107971	501(C)(3)	18,000				INLAND EMPOWERMENT COLLABORATIVE CAPACITY BUILDING GRANT
(37) FAMILY ASSISTANCE PROGRAM 15075 SEVENTH ST, VICTORVILLE, CA 92395	33-0107971	501(C)(3)	15,000				INLAND REGION CIVIC ENGAGEMENT CAPACITY BUILDING PROJECT
(38) FORWARD TOGETHER 1440 BROADWAY, STE. 301, OAKLAND, CA 94612	94-3311784	501(C)(3)	30,000				REPRODUCTIVE JUSTICE ADVOCACY IN CALIFORNIA
(39) FOUNDATION FOR GROSSMONT AND CUYAMACA COLLEGES 8800 GROSSMONT COLLEGE DRIVE, EL CAJON, CA 92020	45-2692818	501(C)(3)	39,117				OFFICE PROFESSIONAL TRAINING PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(40) GIRL SCOUTS OF NORTHERN CALIFORNIA 1310 S. BASCOM AVENUE, SAN JOSE, CA 95128	94-1551410	501(C)(3)	10,000				GOT CHOICES
(41) GIRLS TO WOMEN P. O. BOX 50368, EAST PALO ALTO, CA 94303	20-8766348	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
(42) GLOBAL CENTER FOR CULTURAL ENTREPRENEURSHIP 341 E. ALAMEDA ST., SANTA FE, NM 87501	26-0718018	501(C)(3)	500				GENERAL OPERATING SUPPORT
(43) GOODWILL SERVING THE PEOPLE OF SOUTHERN LOS ANGELES COUNTY 800 WEST PACIFIC COAST HIGHWAY, LONG BEACH, CA 90807	95-1644017	501(C)(3)	105,000				CERTIFIED NURSE ASSISTANT (C.N.A.) TRAINING
(44) GREEN SALT 1238 WESTMINSTER AVE, EAST PALO ALTO, CA 94303	35-2348013	501(C)(3)	10,000				ONBOARDING EFFECTIVENESS
(45) HOMEBOY INDUSTRIES 130 W BRUNO ST., LOS ANGELES, CA 90042	95-4800735	501(C)(3)	10,000				HOMEGIRL CAFE
(46) HOMEBRIDGE INC 1035 MARKET ST., L-1, SAN FRANCISCO, CA 94103	94-2985244	501(C)(3)	105,000				HOME CARE PROVIDER ACCELERATION
(47) IBIS REPRODUCTIVE HEALTH 1330 BROADWAY, SUITE 1100, OAKLAND, CA 94612	03-0382773	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(48) IGNITE 510 16TH ST., OAKLAND, CA 94612	38-3819049	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(49) INLAND CONGREGATION UNITED FOR CHANGE SPONSORING COMMITTEE INC 1441 N. D ST., STE. 208, SAN BERNARDINO, CA 92405	33-0480298	501(C)(3)	18,000				INLAND EMPOWERMENT COLLABORATIVE CAPACITY BUILDING GRANT
(50) INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION 80 MAIDEN LANE, SUITE 1505, NEW YORK, NY 10038	94-3139952	501(C)(3)	1,000				GENERAL OPERATING SUPPORT
(51) IVY AND PEARLS FOUNDATION P.O. BOX 50054, PALO ALTO, CA 94303	04-3832212	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(52) JOBTRAIN 1200 O'BRIEN DRIVE, MENLO PARK, CA 94025	94-1712371	501(C)(3)	90,000				HEATH CARE CAREERS FOR WOMEN - TRAINING AND JOB PLACEMENT
(53) JUSTICE NOW 1322 WEBSTER ST # 210, OAKLAND, CA 94612	42-1559699	501(C)(3)	60,000				GENERAL OPERATING SUPPORT
(54) JUSTICE NOW 1322 WEBSTER STREET, SUITE 210, OAKLAND, CA 94612	42-1559699	501(C)(3)	50,000				GENERAL OPERATIONS SUPPORT FOR GENDER JUSTICE CAMPAIGN
(55) JUSTICE NOW 1322 WEBSTER STREET, SUITE 210, OAKLAND, CA 94612	42-1559699	501(C)(3)	30,000				GENERAL OPERATING SUPPORT
(56) KHMER GIRLS IN ACTION 1355 REDONDO AVE. SUITE 9, LONG BEACH, CA 90804	27-3087079	501(C)(3)	15,000				GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(57) MAITRI P.O. BOX 697, SANTA CLARA, CA 95052	94-3132087	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(58) MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543, OXNARD, CA 93034	30-0045901	501(C)(3)	75,000				AVANZANDO: ADVANCING AN INDIGENOUS WOMEN'S HEALTHCARE WORKFORCE
(59) MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543, OXNARD, CA 93034	30-0045901	501(C)(3)	25,000				CUIDANDO MI CUERPO (CARING FOR MY BODY)
(60) MOTIVATING, INSPIRING, SUPPORTING AND SERVING SEXUALLY EXPLOITED YOUTH, INC. 436 14TH STREET, SUITE 150, OAKLAND, CA 94501	26-4513862	501(C)(3)	30,000				GENERAL OPERATING SUPPORT
(61) MOVEMENT STRATEGY CENTER 436 14TH STREET, SUITE 500, OAKLAND, CA 94612	20-1037643	501(C)(3)	15,000				ENHANCING SEXUAL AND REPRODUCTIVE RIGHTS OF WOMEN LIVING WITH HIV
(62) MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET, #23, SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	5,000				STRONGER CALIFORNIA COALITION
(63) NATIONAL ALLIANCE OF MEDIA ARTS CENTERS, INC. 2323 BROADWAY, OAKLAND, CA 94612	13-3044606	501(C)(3)	10,000				OAKLAND BREAKING THE SILENCE TOWN HALL
(64) NETWORK ON WOMEN IN PRISON 1540 MARKET ST., SUITE 490, SAN FRANCISCO, CA 94102	94-3080408	501(C)(3)	40,000				GENERAL SUPPORT
(65) NETWORK ON WOMEN IN PRISON 1540 MARKET STREET, SUITE 490, SAN FRANCISCO, CA 94102	94-3080408	501(C)(3)	70,000				GENERAL OPERATING SUPPORT
(66) NETWORK ON WOMEN IN PRISON 1540 MARKET STREET, SUITE 490, SAN FRANCISCO, CA 94102	94-3080408	501(C)(3)	10,000				POLICY ACADEMY
(67) NEW VILLAGE CHARTER SCHOOL INC. 147 N. OCCIDENTAL BOULEVARD, LOS ANGELES, CA 90026	59-3810480	501(C)(3)	10,000				COLLEGE TRANSITION PROGRAM
(68) NUESTRA CASA DE EAST PALO ALTO 1885 BAY RD., EAST PALO ALTO, CA 94303	46-4040538	501(C)(3)	10,000				RED COMUNITARIA PROMOTORAS
(69) OUR FAMILY COALITION 1385 MISSION STREET, SUITE 340, SAN FRANCISCO, CA 94103	94-3261786	501(C)(3)	15,000				QUEER WOMEN'S RIGHTS TO CHOOSE AND PROTECT THEIR FAMILIES
(70) PLANNED PARENTHOOD OF ORANGE AND SAN BERNADINO COUNTIES 700 S. TUSTIN STREET, ORANGE, CA 92866	95-6152773	501(C)(3)	10,000				ABORTION CARE SERVICES
(71) PLANNED PARENTHOOD OF PACIFIC SOUTHWEST 1075 CAMINO DEL RIO SOUTH, SAN DIEGO, CA 92108	95-6111785	501(C)(3)	20,000				IMPERIAL COUNTY ADVOCACY INITIATIVE: GENERAL OPERATING SUPPORT
(72) PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO ST, CONCORD, CA 94520	94-1575233	501(C)(3)	15,000				GENERAL OPERATING SUPPORT FOR SERVICES IN UNDERSERVED RURAL AREAS OF THE STATE
(73) POLITICAL RESEARCH ASSOCIATES 1310 BROADWAY SUITE 201, SOMERVILLE, MA 02144	36-3193323	501(C)(3)	1,000				GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(74) PROTEUS FUND 15 RESEARCH DRIVE, SUITE B, AMHERST, MA 01002	04-3243004	501(C)(3)	1,000				GENERAL OPERATING SUPPORT
(75) PUENTE DE LA COSTA SUR PO BOX 554, PESCADERO, CA 94060	37-1484262	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
(76) RACE FORWARD 32 BROADWAY, SUITE 1801, NEW YORK, NY 10004	94-2759879	501(C)(3)	1,000				GENERAL OPERATING SUPPORT
(77) SOMOS MAYFAIR INC 370-B S. KING ROAD, SAN JOSE, CA 95116	77-0499813	501(C)(3)	15,000				2ND PHASE OF IN OUR HANDS
(78) STARTING OVER INC 114 E. 6TH STREET, CORONA, CA 92879	90-0455003	501(C)(3)	15,000				INCREASING AWARENESS & CHANGING PERCEPTIONS: CREATING EMPLOYMENT OPPORTUNITIES FOR REENTERING WOMEN
(79) STARTING OVER INC 114 E. 6TH STREET, CORONA, CA 92879	90-0455003	501(C)(3)	1,500				FOR SUPPORT OF THE STRONG COMMUNITIES FORUM IN RIVERSIDE COUNTY
(80) TALLER SAN JOSE 801 N. BROADWAY, SANTA ANA, CA 92701	59-3816355	501(C)(3)	85,000				PREPARING DISCONNECTED YOUNG WOMEN FOR CAREERS IN HEALTHCARE
(81) TEEN SUCCESS, INC. 508 VALLEY WAY, MILPITAS, CA 95035	45-0702884	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(82) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA UC, BERKELEY SPONSORED PROJECTS, 2150 SHATTUCK AVENUE SUITE 300 #5940, BERKELEY, CA 94704-5940	94-6002123	501(C)(3)	30,000				GENERAL OPERATING SUPPORT
(83) THE TIDES CENTER 764 P STREET, SUITE 12, FRESNO, CA 93721	94-3213100	501(C)(3)	15,000				INLAND REGION CIVIC ENGAGEMENT CAPACITY BUILDING PROJECT
(84) THE TIDES CENTER 1735 CATON AVENUE #7C, BROOKLYN, NY 11226	94-3213100	501(C)(3)	15,000				BUILDING ACROSS MOVEMENTS
(85) TIDES CENTER C/O TIDES CENTER P.O. BOX 29198, SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	1,000				GENERAL OPERATING SUPPORT
(86) TIDES CENTER P.O. BOX 2680, BERKELEY, CA 94702	94-3213100	501(C)(3)	40,000				CCRF GENERAL OPERATING SUPPORT
(87) TIME FOR CHANGE FOUNDATION 1255 E. HIGHLAND AVENUE, STE. 211, SAN BERNARDINO, CA 92406	52-2405277	501(C)(3)	60,000				GENERAL OPERATING SUPPORT
(88) TODEC LEGAL CENTER PERRIS PO BOX 1733, PERRIS, CA 92570	33-0711527	501(C)(3)	18,000				INLAND EMPOWERMENT COLLABORATIVE CAPACITY BUILDING GRANT
(89) TODEC LEGAL CENTER PERRIS PO BOX 1733, PERRIS, CA 92570	33-0711527	501(C)(3)	15,000				INLAND REGION CIVIC ENGAGEMENT CAPACITY BUILDING PROJECT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(90) UNITED WOMEN'S EAST AFRICAN SUPPORT TEAM 4061 FAIRMOUNT AVE, SAN DIEGO, CA 92105	80-0516550	501(C)(3)	10,000				UWEAST'S ECONOMIC SUFFICIENCY PROGRAM YOUNG WOMEN AND GIRLS
(91) UNIVERSITY YOUNG WOMEN'S CHRISTIAN ASSOCIATION BERKELEY CALIFORNIA 2600 BANCROFT WAY, BERKELEY, CA 94704	94-1156363	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(92) VISTA HILL FOUNDATION 8910 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123	95-1944230	501(C)(3)	30,000				PARENTCARE ALUMNI EMPLOYMENT TRAINING PROGRAM
(93) WASHINGTON AREA WOMEN'S FOUNDATION, INC. 1331 H STREET, NW, SUITE 1000, WASHINGTON, DC 20005-4745	52-2028612	501(C)(3)	5,000				PROSPERITY TOGETHER
(94) WOMEN DONORS NETWORK 565 COMMERCIAL STREET, SUITE 300, SAN FRANCISCO, CA 94111	05-0542397	501(C)(3)	3,000				GENERAL OPERATING SUPPORT
(95) WOMEN IN NON TRADITIONAL EMPLOYMENT ROLES 3655 S. GRAND AVENUE, SUITE 210, LOS ANGELES, CA 90007	95-4513961	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(96) WOMEN'S COMMUNITY CLINIC 1833 FILLMORE STREET, 3RD FLOOR, SAN FRANCISCO, CA 94115	45-5447335	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(97) WORKER EDUCATION & RESOURCE CENTER 1545 WILSHIRE BLVD., SUITE 500, LOS ANGELES, CA 90017	95-4888539	501(C)(3)	5,000				COMMUNITY HEALTH WORKER (CHW) EDUCATION PROGRAM
(98) YOUNG WOMENS CHRISTIAN ASSOCIATION 236 MONTEREY STREET, SALINAS, CA 93901	94-1732598	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(99) YOUNG WOMENS CHRISTIAN ASSOCIATION OF SONOMA COUNTY PO BOX 3506, SANTA ROSA, CA 95402	94-2347428	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(100) YWCA OF SILICON VALLEY 375 S. THIRD STREET, SAN JOSE, CA 95112	94-1186196	501(C)(3)	10,000				FAMILY JUSTICE CENTER & LEADERS IN ACTION PROJECTS
(101) YWCA OF WATSONVILLE 340 EAST BEACH STREET, WATSONVILLE, CA 95076	94-1212142	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE</p>	<p>ACLU OF NORTHERN CALIFORNIA: ACLU OF CALIFORNIA STATEWIDE REPRODUCTIVE JUSTICE PROJECT</p>
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>THE WOMEN'S FOUNDATION OF CALIFORNIA MONITORS GRANTS TO ORGANIZATIONS AND SCHOLARSHIPS TO INDIVIDUALS TO ENSURE PROPER USE OF FUNDS BY VERIFYING GRANTEE'S AND SCHOLARS' ELIGIBILITY TO RECEIVE THE FUNDS, REQUIRING WRITTEN REQUESTS AND BUDGETS FROM PROSPECTIVE GRANTEE'S AND SCHOLARS, DOCUMENTING THE SELECTION CRITERIA USED TO AWARD THE GRANTS AND SCHOLARSHIP AWARDS, AND REQUIRING REGULAR REPORTS ON THE USE OF GRANT AND SCHOLARSHIP FUNDS AND EVALUATION OF THE PROGRAMS.</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOMEN'S FOUNDATION OF CALIFORNIA

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

94-2752421

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | |
|--|-----------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> |

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|--|-----------|-------------------------------------|
| a The organization? | 5a | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input checked="" type="checkbox"/> |

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|--|-----------|-------------------------------------|
| a The organization? | 6a | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input checked="" type="checkbox"/> |

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SURINA KHAN CHIEF EXECUTIVE OFFICER	(i)	209,405	0	0	6,341	1,267	217,013	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

WOMEN'S FOUNDATION OF CALIFORNIA

Employer identification number

94-2752421

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	9	289,668	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - : NUMBER OF CONTRIBUTIONS

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.

2015

Open to Public Inspection

Name of the Organization
WOMEN'S FOUNDATION OF CALIFORNIA

Employer Identification Number
94-2752421

Return Reference - Identifier	Explanation															
FORM 990, PART I, LINE 1 - BRIEF MISSION	THE WOMEN'S FOUNDATION OF CALIFORNIA (WFC) TRAINS AND INVESTS IN WOMEN TO BECOME PUBLIC POLICY ADVOCATES AND PHILANTHROPIC LEADERS TO ADVANCE GENDER EQUITY AND STRENGTHEN THE ECONOMIC WELL-BEING OF CALIFORNIA'S WOMEN AND THEIR FAMILIES. FOR NEARLY 40 YEARS, WFC HAS BEEN A LEADER AND TRUSTED PARTNER — ACTIVATING OUR EXTENSIVE STATEWIDE NETWORK TO SHAPE THE POLICIES, PROGRAMS AND ATTITUDES THAT ELEVATE WOMEN AND THEIR FAMILIES.															
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE BOARD SHALL HAVE AN EXECUTIVE COMMITTEE, WHICH SHALL BE A BOARD COMMITTEE CONSISTING, AT MINIMUM, OF THE CHAIR OF THE BOARD, THE SECRETARY, THE TREASURER, AND THE CHIEF EXECUTIVE OFFICER. THE BOARD OF DIRECTORS MAY APPOINT UP TO THREE (3) ADDITIONAL DIRECTORS TO SERVE ON THE EXECUTIVE COMMITTEE. THE IMMEDIATE PAST CHAIR, AT THE PLEASURE OF THE BOARD, MAY REMAIN ON THE BOARD AND SERVE ON THE EXECUTIVE COMMITTEE FOR A TERM TO BE DETERMINED BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION BETWEEN BOARD MEETINGS, EXCEPT FOR THOSE ACTIONS RESERVED TO THE FULL BOARD AND DESCRIBED IN ARTICLE IV, SECTION 1 OF THE BYLAWS.															
FORM 990, PART VI, LINE 1A - EXECUTIVE COMMITTEE	EXECUTIVE COMMITTEE INCLUDED 1) GRETCHEN SANDLER, CHAIR 2) MICHELLE CALE, VICE CHAIR 3) MARYBETH FITZSIMMONS, TREASURER 4) MARYANN REYES JACKMON, SECRETARY. ROLE OF EXECUTIVE COMMITTEE INCLUDES RATIFYING DECISIONS FROM COMMITTEES AS NECESSARY IN BETWEEN BOARD MEETINGS, EXECUTIVE COMMITTEE MAY NEED TO ACT IN LIEU OF BOARD TO ACCEPT AUDIT COMMITTEE'S RECOMMENDATION ON THE AUDITED FINANCIALS. PREFERRED SEQUENCE IS FOR FINANCE COMMITTEE TO APPROVE YEAR-END FINANCIAL STATEMENTS, AUDIT COMMITTEE TO APPROVE AUDITED FINANCIALS, AND THEN FULL BOARD TO APPROVE THE AUDIT COMMITTEE'S RECOMMENDATION ON THE AUDITED FINANCIALS.															
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE AUDIT COMMITTEE REVIEWS AND APPROVES THE 990 FOLLOWING REVIEW AND APPROVAL BY SURINA KHAN, CHIEF EXECUTIVE OFFICER, AND CATHY SCHREIBER, CHIEF OPERATING OFFICER. THE COMPLETE FORM 990 IS THEN FORWARDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE IRS.															
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>EACH INTERESTED PERSON SHALL DISCLOSE TO THE BOARD, OR TO THE EXECUTIVE COMMITTEE OR THE GOVERNANCE COMMITTEE OR OTHER BOARD COMMITTEE EMPOWERED TO APPROVE A SPECIFIC TRANSACTION OR TYPE OF TRANSACTION ("COMMITTEE"), ALL MATERIAL FACTS REGARDING HIS, HER, OR ITS INTEREST (INCLUDING RELEVANT AFFILIATIONS) IN THE TRANSACTION. THE INTERESTED PERSON SHALL MAKE THAT DISCLOSURE PROMPTLY UPON LEARNING OF THE PROPOSED TRANSACTION. INSIDERS SHALL MAKE DISCLOSURES ON BEHALF OF INTERESTED PERSONS RELATED TO THEM REGARDLESS OF WHETHER THE RELATED INTERESTED PERSON DOES SO.</p> <p>THE BOARD OR COMMITTEE SHALL DETERMINE IF A CONFLICT OF INTEREST EXISTS. THE INSIDER(S) AND ANY OTHER INTERESTED PERSON(S) INVOLVED WITH THE TRANSACTION SHALL NOT BE PRESENT DURING THE BOARD OR COMMITTEE'S DISCUSSION OR DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS.</p> <p>ONCE A CONFLICT OF INTEREST HAS BEEN FOUND, THE BOARD OR COMMITTEE SHALL FOLLOW THE PROCEDURES TO DECIDE WHAT MEASURES ARE NEEDED TO PROTECT THE FOUNDATION'S INTERESTS IN LIGHT OF THE NATURE AND SERIOUSNESS OF THE CONFLICT, TO DECIDE WHETHER TO ENTER INTO THE TRANSACTION AND, IF SO, TO ENSURE THAT THE TERMS OF THE TRANSACTION ARE APPROPRIATE. IN THE CASE OF AN INSIDER WHO IS A DIRECTOR, THE DIRECTOR SHALL NOT VOTE ON ANY TRANSACTION IN WHICH THE DIRECTOR HAS AN INTEREST, AND THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE THE MATTER.</p>															
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE BOARD OF DIRECTORS ANNUALLY SETS THE SALARY FOR THE CEO BASED ON ANNUAL WAGE AND BENEFIT SURVEYS, REGIONAL COMPENSATION MARKET DATA AND ANNUAL PERFORMANCE REVIEWS.															
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE CEO SETS THE SALARY FOR THE COO AND OTHER CHIEF STRATEGISTS WHO ARE MEMBERS OF THE FOUNDATION'S LEADERSHIP TEAM ANNUALLY BASED ON LEVEL OF EXPERIENCE, PERFORMANCE, AND COMPARISON TO SIMILAR ORGANIZATIONS IN A SIMILAR MARKET. THIS PROCESS WAS LAST UNDERTAKEN IN JULY 2014.															
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS (E.G., BYLAWS) AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND TAX FORM 990 ARE PUBLISHED ON OUR WEBSITE (WWW.WOMENFOUNDCA.ORG). HARD COPIES ARE AVAILABLE UPON REQUEST.															
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="461 1829 751 1902">(a) Description</th> <th data-bbox="756 1829 943 1902">(b) Total Expenses</th> <th data-bbox="948 1829 1135 1902">(c) Program Service Expenses</th> <th data-bbox="1140 1829 1326 1902">(d) Management and General Expenses</th> <th data-bbox="1331 1829 1518 1902">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="461 1908 751 1938">CONSULTING FEES</td> <td data-bbox="756 1908 943 1938">884,667</td> <td data-bbox="948 1908 1135 1938">771,949</td> <td data-bbox="1140 1908 1326 1938">71,515</td> <td data-bbox="1331 1908 1518 1938">41,203</td> </tr> <tr> <td data-bbox="461 1944 751 1965">CHILDCARE PROVIDERS</td> <td data-bbox="756 1944 943 1965">9,166</td> <td data-bbox="948 1944 1135 1965">9,166</td> <td data-bbox="1140 1944 1326 1965"></td> <td data-bbox="1331 1944 1518 1965"></td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CONSULTING FEES	884,667	771,949	71,515	41,203	CHILDCARE PROVIDERS	9,166	9,166		
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses												
CONSULTING FEES	884,667	771,949	71,515	41,203												
CHILDCARE PROVIDERS	9,166	9,166														

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOMEN'S FOUNDATION OF CALIFORNIA

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

94-2752421

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (1)	GRANT MAKING	CA	WOMEN'S FOUNDATION OF CALIFORNIA	TRUST					