

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 20 20

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 290
 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 \$ **21,256,593**

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>THE WOMEN'S FOUNDATION OF CALIFORNIA INVESTS IN, TRAINS, AND CONNECTS COMMUNITY LEADERS TO ADVANCE GENDER, RACIAL AND ECONOMIC JUSTICE.</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	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	26
	6	Total number of volunteers (estimate if necessary)	6	85
	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 39	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 12,878,835	Current Year 13,448,852
	9	Program service revenue (Part VIII, line 2g)	117,029	39,302
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	504,603	612,277
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(1,068,222)	(181,037)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,432,245	13,919,394
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,436,842	8,797,960
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,915,996	2,621,849
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 597,221		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,320,902	3,643,790
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,673,740	15,063,599
19	Revenue less expenses. Subtract line 18 from line 12	6,758,505	(1,144,205)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 18,285,662	End of Year 16,709,449
	21	Total liabilities (Part X, line 26)	792,235	628,005
	22	Net assets or fund balances. Subtract line 21 from line 20	17,493,427	16,081,444

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: DIANE BROWN Preparer's signature:  Date: 4/19/2021 Check if self-employed PTIN: P01578407
 Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 575 MARKET STREET, SUITE 3300, SAN FRANCISCO, CA 94105-5829 Phone no. (415) 576-1100

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

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. WOMEN'S FOUNDATION OF CALIFORNIA	Taxpayer identification number (TIN) 94-2752421
	Number, street, and room or suite no. If a P.O. box, see instructions. 300 FRANK H. OGAWA PLAZA, SUITE 420	
	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 ► **CHRISTINE REYES**

Telephone No. ► **(510) 740-2503** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 20 21, 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 19, and ending 06/30, 20 20.

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.

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:
THE WOMEN'S FOUNDATION OF CALIFORNIA INVESTS IN, TRAINS, AND CONNECTS COMMUNITY LEADERS TO ADVANCE GENDER, RACIAL, AND ECONOMIC JUSTICE.

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 \$ 11,466,333 including grants of \$ 8,392,353) (Revenue \$)
PHILANTHROPIC INITIATIVES: THE FOUNDATION PROVIDES GRANTS TO COMMUNITY-LED ORGANIZATIONS AND MANAGES ONE DONOR ADVISED FUND. GRANTS ARE MADE TO EXEMPLARY NONPROFIT ORGANIZATIONS THAT ARE REMOVING BARRIERS AND CREATING OPPORTUNITIES FOR ADVANCING THE HEALTH, SAFETY AND ECONOMIC SECURITY OF ALL CALIFORNIANS, PARTICULARLY THOSE FROM COMMUNITIES OF COLOR AND LOW-INCOME COMMUNITIES. THE FOUNDATION'S GRANTMAKING REPRESENTS A POWERFUL INVESTMENT IN THE PROGRAMS AND PEOPLE WHO ADVANCE GENDER, RACIAL AND ECONOMIC JUSTICE. 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 \$ 2,374,349 including grants of \$ 405,607) (Revenue \$ 39,302)
POLICY ADVOCACY: THE 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 WORK IN TEAMS AND ARE PAIRED WITH A MENTOR TO IMPLEMENT IMPORTANT LEGISLATIVE PROJECTS. TO DATE, WPI HAS TRAINED MORE THAN 500 ADVOCATES AND LOCAL LEADERS AND HELPED PASS 40 NEW STATEWIDE LAWS IMPROVING CALIFORNIANS' HEALTH, SAFETY AND ECONOMIC WELL-BEING. THE FOUNDATION 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 on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 13,840,682**

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 donor-restricted endowments or in 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 type="checkbox"/>	<input checked="" 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"/>
12a 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"/>
14a 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 on Schedule O.		
1b	Enter the number of voting members included on 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, 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 on 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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 ►
CHRISTINE REYES, 300 FRANK H. OGAWA PLAZA, SUITE 290, OAKLAND, CA 94612, (510) 740-2503

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(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) SURINA KHAN CHIEF EXECUTIVE OFFICER	32.0 0.0	✓		✓			242,006	0	10,780	
(2) BEATRIZ VIEIRA CHIEF STRATEGIST OF PROGRAMS	32.0 0.0					✓	148,384	0	19,930	
(3) CHRISTINE REYES CHIEF FINANCIAL OFFICER	32.0 0.0			✓			145,343	0	19,554	
(4) DION ARONER MEMBER	1.0 0.0	✓					500	0	0	
(5) DIANE MANUEL CHAIR	1.0 0.0	✓		✓			0	0	0	
(6) KAREN JORDAN TREASURER	1.0 0.0	✓		✓			0	0	0	
(7) QUENCY PHILLIPS SECRETARY	1.0 0.0	✓		✓			0	0	0	
(8) C. M. SAMALA MEMBER	1.0 0.0	✓					0	0	0	
(9) ELIZABETH ESCAMILLA MEMBER	1.0 0.0	✓					0	0	0	
(10) ELMY BERMEJO MEMBER	1.0 0.0	✓					0	0	0	
(11) FABIOLA DECARATACHEA MEMBER	1.0 0.0	✓					0	0	0	
(12) JENNIFER CHOU MEMBER	1.0 0.0	✓					0	0	0	
(13) KIM CARTER MEMBER	1.0 0.0	✓					0	0	0	
(14) LINDA GEBROE MEMBER	1.0 0.0	✓					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) LORA O'CONNOR MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) MARLENE GARCIA MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) NORMA ALVAREZ MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) SANDRA FLORES MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) SEN. HOLLY MITCHELL MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) SUSAN PRITZKER MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) TESS BRIDGEMAN MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) WILL GUERRA MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23)										
(24)										
(25)										
1b Subtotal								536,233	0	50,264
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								536,233	0	50,264

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 **▶** 6

	Yes	No
3 Did the organization list any former officer, director, 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
LIZ MANNE STRATEGY LTD, C/O PEYSER & ALEXANDER MANAGEMENT INC, 500 5TH AVENUE, SUITE 2700, NEW YORK, NY 10110	CULTURE RESEARCH	854,385
CONWAY STRATEGIC LLC, 1875 CONNECTICUT AVE. NW 10TH FLOOR, WASHINGTON, DC 20009	CONSULTING SERVICES	222,866
PLUMBLINE COACHING AND CONSULTING, 541 S. 52ND STREET, OMAHA, NE 68106	CONSULTING SERVICES	180,000

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	274,000			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	372,774			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,802,078			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 549,428			
	h	Total. Add lines 1a-1f		13,448,852			
	Program Service Revenue	2a	PROGRAM INCOME ----- Business Code 900099		29,726	29,726	
b		ADMINISTRATION FEES ----- Business Code 900099		9,576	9,576		
c		----- Business Code					
d		----- Business Code					
e		----- Business Code					
f		All other program service revenue . .		0	0	0	
g		Total. Add lines 2a-2f		39,302			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		129,268		129,268	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
			6b				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities		7,427,271		
			(ii) Other				
			7a				
			7b		6,944,262		
	b	Less: cost or other basis and sales expenses	7b				
c	Gain or (loss)	7c	483,009	0			
d	Net gain or (loss)		483,009		483,009		
8a	Gross income from fundraising events (not including \$ 274,000 of contributions reported on line 1c). See Part IV, line 18	8a		211,900			
		8b		392,937			
		c	Net income or (loss) from fundraising events . .		(181,037)		(181,037)
9a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
		c	Net income or (loss) from gaming activities . . .				
10a	Gross sales of inventory, less returns and allowances	10a					
		10b					
		c	Net income or (loss) from sales of inventory . . .				
Miscellaneous Revenue	11a	----- Business Code					
	b	----- Business Code					
	c	----- Business Code					
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		13,919,394	39,302	0	431,240	

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	8,797,960	8,797,960		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	441,659	186,220	166,967	88,472
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	1,675,295	1,357,300	32,038	285,957
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,167	39,371	3,446	13,350
9	Other employee benefits	288,032	136,258	102,829	48,945
10	Payroll taxes	160,696	118,459	13,612	28,625
11	Fees for services (nonemployees):				
a	Management				
b	Legal	36,638	28,641	7,997	0
c	Accounting	41,400	0	41,400	0
d	Lobbying	78,202	78,202	0	0
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	32,246	21,280	10,966	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,317,900	2,263,296	14,396	40,208
12	Advertising and promotion	12,147	11,682	350	115
13	Office expenses	94,634	84,628	3,405	6,601
14	Information technology	27,069	17,669	3,565	5,835
15	Royalties				
16	Occupancy	183,257	123,542	21,564	38,151
17	Travel	357,429	337,793	9,539	10,097
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	268	268	0	0
19	Conferences, conventions, and meetings	136,777	136,718	36	23
20	Interest	752	0	752	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,694	15,165	3,080	5,449
23	Insurance	7,084	4,534	921	1,629
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>BAD DEBT EXPENSE</u>	157,175		157,175	
b	<u>EQUIPMENT, LEASES, & SOFTWARE</u>	74,533	50,993	8,329	15,211
c	<u>STAFF DEVELOPMENT</u>	26,472	15,991	6,917	3,564
d	<u>BANK CHARGES</u>	20,980	815	15,426	4,739
e	All other expenses	15,133	13,897	986	250
25	Total functional expenses. Add lines 1 through 24e	15,063,599	13,840,682	625,696	597,221
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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,948,561	1	6,381,426
	2 Savings and temporary cash investments	1,070,655	2	59,574
	3 Pledges and grants receivable, net	5,335,801	3	8,856,426
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	173,081	9	128,271
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 126,883		
	b Less: accumulated depreciation	10b 72,199	60,357	10c 54,684
	11 Investments—publicly traded securities	6,634,241	11	1,166,102
	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	62,966	15	62,966
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,285,662	16	16,709,449	
Liabilities	17 Accounts payable and accrued expenses	578,737	17	543,545
	18 Grants payable	186,000	18	42,000
	19 Deferred revenue	27,498	19	42,460
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	792,235	26	628,005
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,634,647	27	4,082,498
	28 Net assets with donor restrictions	9,858,780	28	11,998,946
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,493,427	32	16,081,444
33 Total liabilities and net assets/fund balances	18,285,662	33	16,709,449	

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	13,919,394
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,063,599
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,144,205)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,493,427
5	Net unrealized gains (losses) on investments	5	(267,778)
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 on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,081,444

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 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 on 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 on Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 12, 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)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1–10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,528,330	6,174,174	4,174,380	12,878,835	13,448,852	44,204,571
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	7,528,330	6,174,174	4,174,380	12,878,835	13,448,852	44,204,571
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)						12,017,010
6 Public support. Subtract line 5 from line 4						32,187,561

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	7,528,330	6,174,174	4,174,380	12,878,835	13,448,852	44,204,571
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	149,071	183,121	211,218	209,961	129,268	882,639
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	100,208	1,080	0	0	0	101,288
11 Total support. Add lines 7 through 10						45,188,498
12 Gross receipts from related activities, etc. (see instructions)					12	619,955
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 2019 (line 6, column (f) divided by line 11, column (f))	14	71.23 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	69.34 %
16a 33 1/3% support test—2019. 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—2018. 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—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. 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

b 33 1/3% support tests—2018. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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 (explain in Part VI). **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).			

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	OTHER INCOME	100,208	1,080	0	0		101,288
	Total	100,208	1,080	0	0	0	101,288

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	----- ----- -----	\$ 549,428	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,779,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 520,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 5,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 900,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 1,116,000	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	----- ----- -----	\$ ----- 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 395,755	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.)
-----	----- ----- -----	\$ -----	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.)
-----	----- ----- -----	\$ -----	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) <small>(See instructions.)</small>	(d) Date received
1	2565 SHS OF BERKSHIRE HATHAWAY B ----- ----- -----	\$ 549,428	06/30/2020
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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 (grassroots lobbying)	4,450													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	218,043													
c	Total lobbying expenditures (add lines 1a and 1b)	222,493													
d	Other exempt purpose expenditures	13,673,812													
e	Total exempt purpose expenditures (add lines 1c and 1d)	13,896,305													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	844,815													
<table border="1" style="width: 100%;"> <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)	211,204													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -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 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	369,176	358,681	384,596	844,815	1,957,268
b Lobbying ceiling amount (150% of line 2a, column (e))					2,935,902
c Total lobbying expenditures	158,415	114,915	481,185	222,493	977,008
d Grassroots nontaxable amount	92,294	89,670	96,149	211,204	489,317
e Grassroots ceiling amount (150% of line 2d, column (e))					733,976
f Grassroots lobbying expenditures	0	2,433	86,333	4,450	93,216

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 campaign activity expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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.

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

OMB No. 1545-0047

2019

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value of contributions, grants, and end of year, plus Yes/No questions for 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, including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Tax Year' with rows 2a-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, including questions about reporting and amounts for art and historical treasures.

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 make 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 program
 - 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	1,151,933	1,166,746	1,176,038	1,259,390	1,329,738
b Contributions		0	0	0	0
c Net investment earnings, gains, and losses	73,232	70,987	76,508	107,972	(10,348)
d Grants or scholarships		0	0	0	0
e Other expenditures for facilities and programs	85,800	85,800	85,800	191,324	60,000
f Administrative expenses		0	0	0	0
g End of year balance	1,139,365	1,151,933	1,166,746	1,176,038	1,259,390

- 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 92.07 %
 - c** Term endowment 7.93 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		126,883	72,199	54,684
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				54,684

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue per audited statements is 14,044,553. Adjustments include net unrealized gains of (267,778) and other of 392,937. Total revenue per return is 13,919,394.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses per audited statements is 15,456,536. Adjustments include other losses of 392,937. Total expenses per return is 15,063,599.

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

Series of horizontal dashed lines for providing supplemental information.

Part XIII

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 XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EVENT EXPENSE	392,937
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EVENT EXPENSE	392,937

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, 2020 AND 2019 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 2016 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, 2020 AND 2019</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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public 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 10 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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 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.

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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
		40TH ANNIVERSARY (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	485,900			485,900
	2 Less: Contributions	274,000			274,000
	3 Gross income (line 1 minus line 2)	211,900	0	0	211,900
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	199,863			199,863
	7 Food and beverages	110,985			110,985
	8 Entertainment	12,260			12,260
	9 Other direct expenses	69,829			69,829
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				392,937
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(181,037)	

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))
		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.

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

WOMEN'S FOUNDATION OF CALIFORNIA

Employer identification number

94-2752421

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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	95-3989251	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(2) A COMMUNITY FOR PEACE P.O. BOX 214156, SACRAMENTO, CA 95821	68-0457704	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(3) A NEW WAY OF LIFE 9512 S CENTRAL AVE, LOS ANGELES, CA 90002	95-4782503	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(4) ACCESS WOMEN'S HEALTH JUSTICE PO BOX 3609, OAKLAND, CA 94610	51-0163201	501(C)(3)	20,000				REPRODUCTIVE JUSTICE
(5) ACCESS WOMEN'S HEALTH JUSTICE PO BOX 3609, OAKLAND, CA 94610	51-0163201	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(6) ACT FOR WOMEN AND GIRLS PO BOX 356, VISALIA, CA 93279	26-0287450	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(7) ACT FOR WOMEN AND GIRLS PO BOX 356, VISALIA, CA 93279	26-0287450	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(8) (SEE STATEMENT)	95-3604240	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(9) (SEE STATEMENT)	77-0272319	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(10) ALPHA HOUSE A PLACE FOR NEW BEGINNINGS PO BOX 712, TAFT, CA 93268-0712	77-0366593	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(11) AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD #118, HUDSON, OH 44236	34-1747398	501(C)(3)	1,919,937				FBO: SMART COOKIE DAF
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 161

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) (2019)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
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) ANTELOPE VALLEY DOMESTIC VIOLENCE COUNCIL P.O. BOX 2980, LANCASTER, CA 93539	95-3582588	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(13) ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT SANTA CLARA COUNTY 2400 MOORPARK AVENUE, SUITE 300, SAN JOSE, CA 95128	94-2292491	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(14) ASIAN HEALTH SERVICES 101 8TH STREET SUITE 100, OAKLAND, CA 94607	94-2235908	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(15) ASIAN HEALTH SERVICES 101 8TH STREET SUITE 100, OAKLAND, CA 94607	94-2235908	501(C)(3)	4,000				COVID-19 RAPID RESPONSE
(16) ASIAN WOMEN'S SHELTER 3543 18TH STREET, #19, SAN FRANCISCO, CA 94110	94-3030212	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(17) BLACK EMOTIONAL AND MENTAL HEALTH COLLECTIVE 1400 N EDGEMONT 303, LOS ANGELES, CA 90027	81-3138233	501(C)(3)	50,000				#ME TOO
(18) BLACK EMOTIONAL AND MENTAL HEALTH COLLECTIVE 1400 N EDGEMONT 303, LOS ANGELES, CA 90027	81-3138233	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(19) BLACK WOMEN FOR WELLNESS 4340 11TH AVENUE, LOS ANGELES, CA 90008	95-4624707	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(20) BLACK WOMEN FOR WELLNESS 4340 11TH AVENUE, LOS ANGELES, CA 90008	95-4624707	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(21) BLACK WOMEN FOR WELLNESS 4340 11TH AVENUE, LOS ANGELES, CA 90008	95-4624707	501(C)(3)	10,000				RELIEF AND RESILIENCE
(22) CALIFORNIA BLACK WOMEN'S HEALTH PROJECT 9800 S LA CIENEGA BLVD SUITE 905, INGLEWOOD, CA 90301	95-4702923	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(23) CALIFORNIA CHILD CARE RESOURCE NETWORK 111 NEW MONTGOMERY ST 7TH FLOOR, SAN FRANCISCO, CA 94105	94-2718807	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(24) CALIFORNIA CHILD CARE RESOURCE NETWORK 111 NEW MONTGOMERY ST 7TH FLOOR, SAN FRANCISCO, CA 94105	94-2718807	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(25) CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE PO BOX 861766, LOS ANGELES, CA 90086	26-2213868	501(C)(3)	20,000				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
(26) CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE PO BOX 861766, LOS ANGELES, CA 90086	26-2213868	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(27) CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE 1107 9TH STREET, SACRAMENTO, CA 95814	77-0347420	501(C)(3)	41,000				HOME OWNERSHIP MEANS EVERYTHING
(28) CASA DE ESPERANZA P.O. BOX 56, YUBA CITY, CA 95992	94-2415741	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(29) CATALYST DOMESTIC VIOLENCE SERVICES P.O. BOX 4184, CHICO, CA 95927	94-2587378	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(30) CATHOLIC CHARITIES: GOOD SHEPHERD SHELTER OF LOS ANGELES 2561 VENICE BLVD, LOS ANGELES, CA 90019-6233	95-1652906	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(31) CENTER FOR COMMUNITY SOLUTIONS 4508 MISSION BAY DRIVE, SAN DIEGO, CA 92109	95-6379598	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(32) CENTER FOR CULTURAL POWER 1330 BROADWAY THIRD FLOOR, OAKLAND, CA 94612	45-3154473	501(C)(3)	200,000				CULTURE CHANGE
(33) CENTER FOR CULTURAL POWER 1330 BROADWAY THIRD FLOOR, OAKLAND, CA 94612	45-3154473	501(C)(3)	40,000				CULTURE CHANGE: GENDER COLORING BOOK
(34) CENTER FOR DOMESTIC PEACE 734 A STREET, SAN RAFAEL, CA 94901-3923	94-2415856	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(35) CENTER FOR THE PACIFIC ASIAN FAMILY INC 3424 WILSHIRE BLVD. #1000, LOS ANGELES, CA 90010	95-3532351	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(36) CENTER FOR YOUNG WOMEN'S DEVELOPMENT 832 FOLSOM ST SUITE 700, SAN FRANCISCO, CA 94107	94-3227681	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(37) CENTER FOR YOUNG WOMEN'S DEVELOPMENT 832 FOLSOM ST SUITE 700, SAN FRANCISCO, CA 94107	94-3227681	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(38) CENTRAL CALIFORNIA FAMILY CRISIS CENTER 211 NORTH MAIN STREET, PORTERVILLE, CA 93257	94-2632969	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(39) CENTRO LA FAMILIA ADVOCACY SERVICES 302 FRESNO STREET, SUITE 102, FRESNO, CA 93706	77-0310310	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(40) CHICO FEMINIST WOMEN'S HEALTH CENTER 1442 ETHAN WAY SUITE 200, SACRAMENTO, CA 95825	94-2259357	501(C)(3)	20,000				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
(41) CHICO FEMINIST WOMEN'S HEALTH CENTER 1442 ETHAN WAY SUITE 200, SACRAMENTO, CA 95825	94-2259357	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(42) CHILD AND FAMILY CENTER 21545 CENTER POINTE PARKWAY, SANTA CLARITA, CA 91350	68-0017331	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(43) COALITION FOR FAMILY HARMONY 1030 N. VENTURA ROAD, OXNARD, CA 93030	95-3433822	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(44) COALITION TO ABOLISH SLAVERY & TRAFFICKING 3580 WILSHIRE BLVD #900-37, LOS ANGELES, CA 90010	10-0008533	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(45) COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY 1225 GILL AVENUE, MADERA, CA 93637-5234	94-1612823	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(46) COMMUNITY BEYOND VIOLENCE P. O. BOX 484, GRASS VALLEY, CA 95945	94-2688893	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(47) COMMUNITY HOMELESS SOLUTIONS P.O. BOX 1340, MARINA, CA 93933	94-2525231	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(48) COMMUNITY OVERCOMING RELATIONSHIP ABUSE 2211 PALM AVENUE, SAN MATEO, CA 94403	94-2481188	501(C)(3)	66,000				HOME OWNERSHIP MEANS EVERYTHING
(49) COMMUNITY OVERCOMING RELATIONSHIP ABUSE 2211 PALM AVENUE, SAN MATEO, CA 94403	94-2481188	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(50) COMMUNITY PARTNERS 1000 N ALAMEDA ST STE 240, LOS ANGELES, CA 90012	95-4302067	501(C)(3)	3,000				API EQUALITY
(51) COMMUNITY PARTNERS 1001 N ALAMEDA ST STE 240, LOS ANGELES, CA 90013	95-4302068	501(C)(3)	20,000				GENDER JUSTICE LA
(52) COMMUNITY PARTNERS 1002 N ALAMEDA ST STE 240, LOS ANGELES, CA 90014	95-4302069	501(C)(3)	3,000				GENDER JUSTICE LA
(53) COMMUNITY RESOURCE CENTER 650 SECOND STREET, ENCINITAS, CA 92024	95-3497926	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(54) COMMUNITY SOLUTIONS FOR CHILDREN FAMILIES AND INDIVIDUALS 9015 MURRAY AVENUE, #100, GILROY, CA 95020-3617	23-7351215	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(55) COMMUNITY UNITED AGAINST VIOLENCE 427 SOUTH VAN NESS AVE., SAN FRANCISCO, CA 94103	94-2758154	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(56) COMMUNITY WATER CENTER 900 W OAK AVENUE, VISALIA, CA 93291	80-0267674	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(57) COMMUNITY WATER CENTER 900 W OAK AVENUE, VISALIA, CA 93291	80-0267674	501(C)(3)	3,000				COVID-19 RAPID RESPONSE

(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
(58) CORNER STONE COMMUNITY DEVELOPMENT CORPORATION 1395 BANCROFT AVE, SAN LEANDRO, CA 94577-5103	94-3100741	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(59) CRISIS INTERVENTION SERVICES 265 BEAR STREET, KINGS BEACG, CA 96143	94-2985554	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(60) DAILY KOS EDUCATION FUND PO BOX 70008, OAKLAND, CA 94612	82-1772450	501(C)(3)	25,000				CULTURE CHANGE FUND: PRISM
(61) DEAF HOPE 470 27TH STREET, OAKLAND, CA 94612	20-0015196	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(62) DESERT SANCTUARY INC 703 E. MAIN STREET, BARSTOW, CA 92311	95-3837425	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(63) DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA P.O. BOX 1536, SANTA BARBARA, CA 93102	95-3495141	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(64) DONALDINA CAMERON HOUSE 920 SACRAMENTO STREET, SAN FRANCISCO, CA 94108-2015	94-1618605	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(65) DOVE OF BIG BEAR VALLEY INC PO BOX 3646, BIG BEAR LAKE, CA 92315-3646	33-0109115	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(66) EAST LOS ANGELES WOMEN'S CENTER 1431 S ATLANTIC BLVD, LOS ANGELES, CA 90022-5011	51-0204577	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(67) EMMAUS HOUSE 829 SAN BENITO ST. SUITE 300, HOLLISTER, CA 95023	77-0407292	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(68) EMPOWER TEHAMA 1805 WALNUT STREET, RED BLUFF, CA 96080	68-0330191	501(C)(3)	11,000				HOME OWNERSHIP MEANS EVERYTHING
(69) EMPOWER TEHAMA 1805 WALNUT STREET, RED BLUFF, CA 96080	68-0330191	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(70) EMPOWER YOLO INC 175 WALNUT STREET, WOODLAND, CA 95695	94-3027535	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(71) EQUAL RIGHTS ADVOCATES 1170 MARKET STREET SUITE 700, SAN FRANCISCO, CA 94102	23-7217027	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(72) EQUAL RIGHTS ADVOCATES 1170 MARKET STREET SUITE 700, SAN FRANCISCO, CA 94102	23-7217027	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(73) FAMILY ASSISTANCE PROGRAM 15075 7TH STREET, VICTORVILLE, CA 92395	33-0107971	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(74) FAMILY SERVICES OF TULARE COUNTY 815 WEST OAK, VISALIA, CA 93291-6033	94-2897970	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(75) FAMILY VIOLENCE LAW CENTER 470 27TH STREET, OAKLAND, CA 94612	94-2527939	501(C)(3)	66,000				HOME OWNERSHIP MEANS EVERYTHING

(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
(76) FAMILY VIOLENCE LAW CENTER 470 27TH STREET, OAKLAND, CA 94612	94-2527939	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(77) FEMINIST MAJORITY 433 S BEVERLY DRIVE, BEVERLY HILLS, CA 90212	54-1426440	501(C)(3)	20,000				REPRODUCTIVE JUSTICE
(78) FORWARD TOGETHER 300 FRANK HO OGAWA PLZ STE 700, OAKLAND, CA 94612	94-3311784	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(79) FORWARD TOGETHER 301 FRANK HO OGAWA PLZ STE 700, OAKLAND, CA 94613	94-3311785	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(80) FREEFROM 12405 VENICE BLVD SUITE 422, LOS ANGELES, CA 90066	47-5033123	501(C)(3)	50,000				#ME TOO
(81) FREEFROM 12405 VENICE BLVD SUITE 422, LOS ANGELES, CA 90066	47-5033123	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(82) HAVEN HILLS INC P.O. BOX 260, CANOGA PARK, CA 91305	95-3196247	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(83) HAVEN WOMEN'S CENTER OF STANISLAUS 618 13TH STREET, MODESTO, CA 95354	94-2499361	501(C)(3)	66,000				HOME OWNERSHIP MEANS EVERYTHING
(84) HAVEN WOMEN'S CENTER OF STANISLAUS 618 13TH ST., MODESTO, CA 95354	94-2499361	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(85) HEALTHRIGHT 360 1735 MISSION ST, SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(86) HOMELESS PRENATAL PROGRAM INC 2500 18TH ST, SAN FRANCISCO, CA 94110-2109	94-3146280	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(87) HOUSE OF RUTH INC P.O. BOX 459, CLAREMONT, CA 91711	95-3276033	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(88) HUMAN OPTIONS 5540 TRABUCO ROAD SUITE 100, IRVINE, CA 92620	95-3667817	501(C)(3)	66,000				HOME OWNERSHIP MEANS EVERYTHING
(89) HUMAN OPTIONS INC P.O. BOX 53745, IRVINE, CA 92619-3745	95-3667817	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(90) HUMAN RESPONSE NETWORK P.O. BOX 2370, WEAVERVILLE, CA 96093	68-0032176	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(91) HUMBOLDT DOMESTIC VIOLENCE SERVICES P O BOX 969, EUREKA, CA 95502	94-2429700	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(92) INDIAN HEALTH COUNCIL 50100 GOLSH ROAD, VALLEY CENTER, CA 92082	95-2506788	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(93) INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I, CAMARILLO, CA 93012	95-2944459	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(94) INTERVAL HOUSE P.O. BOX 3356, SEAL BEACH, CA 90740	95-3389113	501(C)(3)	10,000				COVID-19 RAPID RESPONSE

(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
(95) JENESSE CENTER INC P.O. BOX 8476, LOS ANGELES, CA 90008	95-3652529	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(96) JEWISH FAMILY SERVICES OF LOS ANGELES 3580 WILSHIRE BLVD, SUITE 700, LOS ANGELES, CA 90010	95-1691013	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(97) KENE ME WU FAMILY HEALING CENTER PO BOX 605, SONORA, CA 95370	77-0518294	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(98) KHMER GIRLS IN ACTION 1355 RDEONDO AVE STE 9, LONG BEACH, CA 90804	27-3087079	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(99) KHMER GIRLS IN ACTION 1355 RDEONDO AVE STE 9, LONG BEACH, CA 90804	27-3087079	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(100) KINGS COMMUNITY ACTION ORGANIZATION INC 1130 N. 11TH AVE., HANFORD, CA 93230	94-1604455	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(101) KOREAN AMERICAN FAMILY SERVICES 3727 W 6TH #320, LOS ANGELES, CA 90020	95-3899329	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(102) KOREAN COMMUNITY CENTER OF THE EAST BAY 1700 BROADWAY, SUITE 400, OAKLAND, CA 94612	94-2503925	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(103) LA CASA DE LAS MADRES 1663 MISSION STREET, SUITE 225, SAN FRANCISCO, CA 94103-2474	94-2330864	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(104) LA COCINA INC 2948 FOLSON ST, SAN FRANCISCO, CA 94110	59-3838549	501(C)(3)	3,000				GENERAL OPERATING SUPPORT
(105) LAKE FAMILY RESOURCE CENTER 5350 MAIN STREET, KELSEYVILLE, CA 95451	68-0353914	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(106) LASSEN FAMILY SERVICES INC P.O. BOX 710, SUSANVILLE, CA 96130	94-2691072	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(107) LAURA'S HOUSE 999 CORPORATE DRIVE, SUITE 225, LADERA RANCH, CA 92694	33-0621826	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(108) LICENSE TO FREEDOM 131 AVOCADO AVENUE, EL CAJON, CA 92020	20-1057775	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(109) LIVE VIOLENCE FREE 2941 LAKE TAHOE BLVD, SOUTH LAKE TAHOE, CA 96150	94-2598256	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(110) LTSC COMMUNITY DEVELOPMENT CORPORATION 231 E 3RD ST STE G106, LOS ANGELES, CA 90013-1493	95-4444102	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(111) MAITRI PO BOX 697, SANTA CLARA, CA 95052	94-3132087	501(C)(3)	10,000				COVID-19 RAPID RESPONSE

(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
(112) MARCUS FOSTER EDUCATION FUND 1346 THE ALAMEDA, SAN JOSE, CA 95126	01-0799235	501(C)(3)	10,000				GIRLS AND WOMEN OF COLOR COLORING BOOK
(113) MARJAREE MASON CENTER INC 1600 M STREET, FRESNO, CA 93721-1122	94-1156639	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(114) MICOP MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT 135 MAGNOLIA AVENUE, OXNARD, CA 93030	30-0045901	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(115) MIXTECO INDIGENA COMMUNITY PO BOX 20543, OXNARD, CA 93034	30-0045901	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(116) MIXTECO INDIGENA COMMUNITY PO BOX 20543, OXNARD, CA 93034	30-0045901	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(117) MONARCH SERVICES-SERVICIOS MONARCA 233 EAST LAKE AVENUE, WATSONVILLE, CA 95076	94-2462783	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(118) MORONGO BASIN UNITY HOME INC P.O. BOX 1662, JOSHUA TREE, CA 92252	33-0126790	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(119) MOVEMENT STRATEGY CENTER 436 14TH ST STE 500, OAKLAND, CA 94612	20-1037643	501(C)(3)	5,000				OAKLAND RISING
(120) MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET SUITE 23, SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(121) MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET SUITE 23, SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(122) MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET, #23, SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(123) MY SISTER'S HOUSE 3053 FREEPORT BLVD., NO. 120, SACRAMENTO, CA 95818	68-0464114	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(124) NARIKA 1141 PEAR TREE LANE, SUITE 220, NAPA, CA 94558	94-3162871	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(125) NEWS-DOMESTIC VIOLENCE & SEXUAL ABUSE SERVICES P.O. BOX 1708, FREMONT, CA 94538	94-2745889	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(126) NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE 234 E. GISH ROAD, SUITE 200, SAN JOSE, CA 95112	94-2420708	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(127) NISWA ASSOCIATION INC 25830 SOUTH WESTERN AVENUE, HARBOR CITY, CA 90710	33-0447226	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(128) ONE SAFE PLACE - SHASTA WOMEN'S REFUGE P.O. BOX 991060, REDDING, CA 96099	94-2663045	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(129) OPERATION CARE 817 COURT STREET SUITE 12, JACKSON, CA 95642	94-2797327	501(C)(3)	10,000				COVID-19 RAPID RESPONSE

(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
(130) OPTION HOUSE INC P.O. BOX 970, 813 NORTH D STREET, STE. A, SAN BERNARDINO, CA 92402	95-3760212	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(131) PARTNERSHIP FOR THE ADVANCEMENT OF NEW AMERICANS 4089 FAIRMOUNT AVENUE, SAN DIEGO, CA 92105	47-5299457	501(C)(3)	20,000				REPRODUCTIVE JUSTICE
(132) PEACE OVER VIOLENCE 1015 WILSHIRE BOULEVARD, SUITE 200, LOS ANGELES, CA 90017	51-0179305	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(133) PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WAY, OAKLAND, CA 94612	94-3136771	501(C)(3)	4,072,135				FBO: YWCA OF THE MID-PENINSULA DAF
(134) PLUMAS RURAL SERVICES INC 711 E. MAIN STREET, QUINCY, CA 95971	94-2722880	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(135) PROJECT SANCTUARY INC P.O. BOX 450, UKIAH, CA 95482	94-2477782	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(136) RAINBOW SERVICES 453 W 7TH STREET, SAN PEDRO, CA 90731	95-3855705	501(C)(3)	66,000				HOME OWNERSHIP MEANS EVERYTHING
(137) RAINBOW SERVICES 454 W 7TH STREET, SAN PEDRO, CA 90731	95-3855705	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(138) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2195 HEARST AVE RM 120, BERKELEY, CA 94720-1083	94-6002123	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(139) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2195 HEARST AVE RM 120, BERKELEY, CA 94720-1083	94-6002123	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(140) RISE SAN LUIS OBISPO COUNTY 1030 VINE STREET, PASO ROBLES, CA 93446	95-3415650	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(141) RIVERSIDE COUNTY COALITION FOR ALTERNATIVES TO DOMESTIC VIOLENCE P. O. BOX 910, RIVERSIDE, CA 92502	95-3212844	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(142) RUBY'S PLACE 20880 BAKER ROAD, CASTRO VALLEY, CA 94546	94-2212241	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(143) RURAL HUMAN SERVICES 286 M STREET, CRESCENT CITY, CA 95531	94-2735346	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(144) SAFE ALTERNATIVES FOR EVERYONE INC 28910 PUJOL STREET, TEMECULA, CA 92590	91-1962947	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(145) SAFE ALTERNATIVES TO VIOLENT ENVIRONMENTS INC 1900 MOWRY AVENUE, SUITE 201, FREMONT, CA 94538	94-2520559	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(146) SAFEQUEST SOLANO P.O. BOX 368, FAIRFIELD, CA 94533	94-2853669	501(C)(3)	10,000				COVID-19 RAPID RESPONSE

(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
(147) SAINT JOHN'S PROGRAM FOR REAL CHANGE 2443 FAIR OAKS BLVD. #369, SACRAMENTO, CA 95825	68-0132934	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(148) SANTA CRUZ COMMUNITY VENTURES PO BOX 7808, SANTA CRUZ, CA 95061	77-0247648	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(149) SHEPHERDS DOOR P.O. BOX 40441, PASADENA, CA 91104	91-2077919	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(150) SISKIYOU DOMESTIC VIOLENCE AND CRISIS CENTER 118 RANCH LANE, YREKA, CA 96097	68-0025514	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(151) SOCIAL GOOD FUND 12651 SAN PABLO AVE SUITE 5473, RICHMOND, CA 94801	46-1323531	501(C)(3)	3,000				KWEEN CULTURE
(152) SOCIAL GOOD FUND 12651 SAN PABLO AVE SUITE 5473, RICHMOND, CA 94801	46-1323531	501(C)(3)	20,000				TEACH
(153) SOCIAL GOOD FUND 12651 SAN PABLO AVE SUITE 5473, RICHMOND, CA 94801	46-1323531	501(C)(3)	3,000				TEACH
(154) SOUTH ASIAN HELPLINE AND REFERRAL AGENCY 17100 PIONEER BLVD SUITE 260, ARTESIA, CA 90701	26-0736033	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(155) SOUTH BAY COMMUNITY SERVICES 430 F STREET, CHULA VISTA, CA 91910	95-2693142	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(156) SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS INC 11500 PARAMOUNT BLVD., DOWNEY, CA 90241	23-7228780	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(157) ST JAMES INFIRMARY 730 POLK STREET 4TH FLOOR, SAN FRANCISCO, CA 94109	94-3330568	501(C)(3)	20,000				TGI JUSTICE PROJECT
(158) ST JAMES INFIRMARY 731 POLK STREET 4TH FLOOR, SAN FRANCISCO, CA 94110	94-3330568	501(C)(3)	10,000				TGI JUSTICE PROJECT
(159) ST JAMES INFIRMARY 732 POLK STREET 4TH FLOOR, SAN FRANCISCO, CA 94111	94-3330568	501(C)(3)	3,000				TGI JUSTICE PROJECT
(160) ST JAMES INFIRMARY 733 POLK STREET 4TH FLOOR, SAN FRANCISCO, CA 94112	94-3330568	501(C)(3)	20,000				TRANSGENDER DISTRICT
(161) STAND STRONG P. O. BOX 125, SAN LUIS OBISPO, CA 93406	95-3370729	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(162) STAND UP PLACER INC PO BOX 5462, AUBURN, CA 95604-5462	94-2578871	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(163) STAND! FOR FAMILY FREE OF VIOLENCE 1410 DANZIG PLAZA, CONCORD, CA 94520	94-2476576	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(164) STRONG HEARTED NATIVE WOMEN'S COALITION P.O. BOX 2488, VALLEY CENTER, CA 92082	56-2613191	501(C)(3)	10,000				COVID-19 RAPID RESPONSE

(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
(165) SU CASA ENDING DOMESTIC VIOLENCE 3840 WOODRUFF AVE., SUITE 203, LONG BEACH, CA 90808	95-3495175	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(166) THE CENTER FOR FAMILY SOLUTIONS 510 W. MAIN STREET SUITE 106, EL CENTRO, CA 92243	95-3220740	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(167) THE CENTER FOR VIOLENCE-FREE RELATIONSHIPS 344 PLACERVILLE DR., # 11, PLACERVILLE, CA 95667	94-2628939	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(168) THE PEOPLE CONCERN 2116 ARLINGTON AVE, STE 100, LOS ANGELES, CA 90018	95-6143865	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(169) THE RESOURCE CONNECTION OF AMADOR AND CALAVERAS COUNTIES P.O. BOX 919, SAN ANDREAS, CA 95249	94-2705790	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(170) THE SAN FRANCISCO PARTICULAR COUNCIL OF THE SOCIETY OF ST 1175 HOWARD STREET, SAN FRANCISCO, CA 94103	94-1571017	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(171) TIDES CENTER PO BOX 29907, SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	20,000				COALITION FOR REPRODUCTIVE FREEDOM
(172) TIDES CENTER PO BOX 29907, SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	3,000				COALITION FOR REPRODUCTIVE FREEDOM
(173) TIDES CENTER PO BOX 29907, SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	5,000				VOICES FOR PROGRESS
(174) TIME FOR CHANGE FOUNDATION PO BOX 25040, SAN BERNADINO, CA 92406	52-2405277	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(175) TIME FOR CHANGE FOUNDATION PO BOX 25040, SAN BERNADINO, CA 92406	52-2405277	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(176) TRAINING EMPLOYMENT AND COMMUNITY HELP 112 EAST SECOND ST., ALTURAS, CA 96101	94-2578204	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(177) TRANSGENDER LAW CENTER PO BOX 70976, OAKLAND, CA 94612	05-0544006	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(178) TRANSLATIN COALITION 3055 WILSHIRE BLVD #350, LOS ANGELES, CA 90010	27-3801872	501(C)(3)	25,000				TITLE X FAMILY PLANNING
(179) TRANSLATIN COALITION 3056 WILSHIRE BLVD #350, LOS ANGELES, CA 90011	27-3801873	501(C)(3)	10,000				RELIEF AND RESILIENCE
(180) TRANSLATIN COALITION 3057 WILSHIRE BLVD #350, LOS ANGELES, CA 90012	27-3801874	501(C)(3)	3,000				COVID-19 RAPID RESPONSE
(181) TRI-VALLEY HAVEN FOR WOMEN 3663 PACIFIC AVENUE, LIVERMORE, CA 94550	94-2462357	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(182) VICTOR VALLEY DOMESTIC VIOLENCE P.O. BOX 2825, VICTORVILLE, CA 92393	93-1067826	501(C)(3)	10,000				COVID-19 RAPID RESPONSE

(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
(183) WALNUT AVENUE FAMILY & WOMEN'S CENTER 303 WALNUT AVENUE, SANTA CRUZ, CA 95060	94-1186197	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(184) WEAVE INCORPORATED 1900 K STREET, SACRAMENTO, CA 95811	94-2493158	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(185) WILD IRIS FAMILY COUNSELING & CRISIS CENTER P.O. BOX 697, BISHOP, CA 93515	77-0039382	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(186) WOMEN ORGANIZED TO MAKE ABUSE NON EXISTENT 26 BOARDMAN PL, SAN FRANCISCO, CA 94103	94-2607750	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(187) WOMEN'S AND CHILDREN'S CRISIS SHELTER 13203 HADLEY STREET, SUITE 103, WHITTIER, CA 90601	95-3315186	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(188) WOMEN'S CENTER HIGH DESERT 134 SOUTH CHINA LAKE BOULEVARD, RIDGECREST, CA 93555	95-3340786	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(189) WOMEN'S CENTER YOUTH & FAMILY SERVICES 620 N SAN JOAQUIN STREET, STOCKTON, CA 95202	94-2341360	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(190) WOMEN'S RESOURCE CENTER 1963 APPLE STREET, OCEANSIDE, CA 92054	95-2932237	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(191) WOMEN'S TRANSITIONAL LIVING CENTER P.O. BOX 916, FULLERTON, CA 92836	51-0201813	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(192) WOMEN'S SHELTER OF LONG BEACH 4201 LONG BEACH BLVD., SUITE 102, LONG BEACH, CA 90807	95-1644058	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(193) YERBA BUENA CENTER FOR THE ARTS 701 MISSION STREET, SAN FRANCISCO, CA 94103	94-3042571	501(C)(3)	127,431				FBO: BAY AREA WOMEN'S SUMMIT
(194) YOUNG WOMEN'S CHRISTIAN ASSN MONTEREY COUNTY 236 MONTEREY STREET, MONTEREY, CA 93901	94-1732598	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(195) YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GLENDALE 735 EAST LEXINGTON DRIVE, GLENDALE, CA 91206	95-1644057	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(196) YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF SAN DIEGO COUNTY 1012 C STREET, SAN DIEGO, CA 92101	95-1661119	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
(197) YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF SAN GABRIEL VALLEY 943 NORTH GRAND AVENUE, COVINA, CA 91724	95-1641967	501(C)(3)	10,000				COVID-19 RAPID RESPONSE

(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
⁽¹⁹⁸⁾ YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF SILICON VALLEY 375 S. 3RD ST., SAN JOSE, CA 95112	94-1186196	501(C)(3)	10,000				COVID-19 RAPID RESPONSE
⁽¹⁹⁹⁾ YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF SONOMA COUNTY P.O. BOX 3506, SANTA ROSA, CA 95402	94-2347428	501(C)(3)	10,000				COVID-19 RAPID RESPONSE

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
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE WOMEN'S FOUNDATION OF CALIFORNIA MONITORS GRANTS TO ORGANIZATIONS TO ENSURE PROPER USE OF FUNDS BY VERIFYING GRANTEE'S ELIGIBILITY TO RECEIVE THE FUNDS, REQUIRING WRITTEN REQUESTS AND BUDGETS FROM PROSPECTIVE GRANTEE'S, DOCUMENTING THE SELECTION CRITERIA USED TO AWARD THE GRANTS, AND REQUIRING REGULAR REPORTS ON THE USE OF GRANT FUNDS AND EVALUATION OF THE PROGRAMS.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	1736 FAMILY CRISIS CENTER 2116 ARLINGTON AVE., SUITE 200, LOS ANGELES, CA 90018
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALLIANCE AGAINST FAMILY VIOLENCE AND SEXUAL ASSAULT 1921 19TH STREET, BAKERSFIELD, CA 93301
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALLIANCE FOR COMMUNITY TRANSFORMATIONS P.O. BOX 2075, MARIPOSA, CA 95338

**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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

94-2752421

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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 (such as maid, chauffeur, chef) </p>		
<p>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</p>	1b	
<p>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 on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the 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.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 aren't 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	242,006	0	0	9,508	1,272	252,786	0
	CHIEF EXECUTIVE OFFICER	0	0	0	0	0	0	0
2	BEATRIZ VIEIRA	148,384	0	0	5,890	14,040	168,314	0
	CHIEF STRATEGIST OF PROGRAMS	0	0	0	0	0	0	0
3	CHRISTINE REYES	145,343	0	0	6,090	13,464	164,897	0
	CHIEF FINANCIAL OFFICER	0	0	0	0	0	0	0
4								
5								
6								
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11								
12								
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15								
16								

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

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	✓	6	549,428	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
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	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a		✓
b If "Yes," describe in Part II.		
33		
If the organization didn't 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

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

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 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) DIANE MANUEL, CHAIR 2) KAREN JORDAN, TREASURER 3) QUENCY PHILLIPS, 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 FINANCE COMMITTEE REVIEWS AND APPROVES THE 990 FOLLOWING REVIEW AND APPROVAL BY CHIEF EXECUTIVE OFFICER, AND CHIEF FINANCIAL 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	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. 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. 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.																														
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 CFO AND 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 JUNE 2020.																														
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.WOMENSFOUNDCA.ORG). HARD COPIES ARE AVAILABLE UPON REQUEST.																														
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Total Expenses</th> <th>(c) Program Service Expenses</th> <th>(d) Management and General Expenses</th> <th>(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>CONSULTING FEES: PROGRAM</td> <td>2,193,265</td> <td>2,193,265</td> <td>0</td> <td>0</td> </tr> <tr> <td>CHILDCARE PROVIDERS</td> <td>2,878</td> <td>2,878</td> <td>0</td> <td>0</td> </tr> <tr> <td>INFORMATION TECHNOLOGY</td> <td>17,000</td> <td>4,000</td> <td>5,000</td> <td>8,000</td> </tr> <tr> <td>TRAINING AND GRAPHIC DESIGN</td> <td>41,604</td> <td>0</td> <td>9,396</td> <td>32,208</td> </tr> <tr> <td>MENTORS</td> <td>63,153</td> <td>63,153</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CONSULTING FEES: PROGRAM	2,193,265	2,193,265	0	0	CHILDCARE PROVIDERS	2,878	2,878	0	0	INFORMATION TECHNOLOGY	17,000	4,000	5,000	8,000	TRAINING AND GRAPHIC DESIGN	41,604	0	9,396	32,208	MENTORS	63,153	63,153	0	0
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																											
CONSULTING FEES: PROGRAM	2,193,265	2,193,265	0	0																											
CHILDCARE PROVIDERS	2,878	2,878	0	0																											
INFORMATION TECHNOLOGY	17,000	4,000	5,000	8,000																											
TRAINING AND GRAPHIC DESIGN	41,604	0	9,396	32,208																											
MENTORS	63,153	63,153	0	0																											

**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.

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

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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	N/A	TRUST	N/A	N/A	N/A		✓