

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning **07/01/15** , and ending **06/30/16**

**MOTHERS' CLUB FAMILY LEARNING
CENTER**

23-7275324

Net Asset / Fund Balance at Beginning of Year		<u>7,234,829</u>
Revenue		
Contributions	<u>1,594,121</u>	
Program service revenue		
Investment income	<u>68,490</u>	
Capital gain / loss	<u>56,767</u>	
Fundraising / Gaming:		
Gross revenue	<u>22,076</u>	
Direct expenses	<u>22,076</u>	
Net income	<u>0</u>	
Other income	<u>0</u>	
Total revenue		<u>1,719,378</u>
Expenses		
Program services	<u>1,384,659</u>	
Management and general	<u>131,618</u>	
Fundraising	<u>249,141</u>	
Total expenses		<u>1,765,418</u>
Excess / (deficit)		<u>-46,040</u>
Changes		<u>-136,673</u>
Net Asset / Fund Balance at End of Year		<u><u>7,052,116</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,692,036</u>
Less:	
Unrealized gains	<u>-136,673</u>
Donated services	<u>87,255</u>
Recoveries	
Other	<u>22,076</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>1,719,378</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,874,749</u>
Less:	
Donated services	<u>87,255</u>
Prior year adjustments	
Losses	
Other	<u>22,076</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>1,765,418</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>7,287,779</u>	<u>7,100,804</u>	
Liabilities	<u>52,950</u>	<u>48,688</u>	
Net assets	<u><u>7,234,829</u></u>	<u><u>7,052,116</u></u>	<u><u>-182,713</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 02/15/17
Failure to file penalty _____

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOTHERS' CLUB FAMILY LEARNING CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 980 NORTH FAIR OAKS AVENUE City or town, state or province, country, and ZIP or foreign postal code PASADENA CA 91103	D Employer identification number 23-7275324 E Telephone number 626-792-2687 G Gross receipts \$ 2,020,939
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F Name and address of principal officer: HECTOR LAFARGA 980 NORTH FAIR OAKS AVENUE PASADENA CA 91103	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.MOTHERSCLUB.ORG H(c) Group exemption number u
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1984	M State of legal domicile: CA
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PREPARING FAMILIES LIVING IN ISOLATION AND POVERTY TO SUCCEED IN SCHOOL AND IN LIFE THROUGH TWO GENERATION LEARNING PROGRAMS.		
	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	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	37
	6	Total number of volunteers (estimate if necessary)	6	400
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,454,520	Current Year 1,594,121
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	118,742	125,257
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,573,262	1,719,378
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,196,188	1,243,673
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) u 249,141	531,411	521,745
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,727,599	1,765,418	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,727,599	1,765,418	
19	Revenue less expenses. Subtract line 18 from line 12	-154,337	-46,040	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 7,287,779	End of Year 7,100,804
	21	Total liabilities (Part X, line 26)	52,950	48,688
	22	Net assets or fund balances. Subtract line 21 from line 20	7,234,829	7,052,116

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 HECTOR LAFARGA	Date _____
	Type or print name and title	EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name MICHAEL P. AMERIO	Preparer's signature _____	Date 02/06/17	Check <input type="checkbox"/> if self-employed PTIN P00914537
	Firm's name	LUCAS, HORSFALL, MURPHY & PINDROH LLP		Firm's EIN } 95-4659692
	Firm's address	100 E CORSON ST STE 200 PASADENA, CA 91103-3841		Phone no. 626-744-5100

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

For Paperwork Reduction Act Notice, see the separate 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:

PREPARING FAMILIES LIVING IN ISOLATION AND POVERTY TO SUCCEED IN SCHOOL AND IN LIFE THROUGH TWO GENERATION LEARNING PROGRAMS.

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 \$ **1,204,585** including grants of \$) (Revenue \$ **972,126**)

EARLY CHILDHOOD EDUCATION: WHILE PARENTS ARE ENGAGED IN THEIR CLASSES, THEIR PRE-SCHOOL CHILDREN ARE CARED FOR IN OUR EARLY CHILDHOOD EDUCATION PROGRAM. THE PROGRAM OBJECTIVES ARE BASED ON PRE-READING AND OTHER DEVELOPMENTAL SKILLS IN CHILDREN FROM 0-5 YEARS OLD TO ENSURE THAT CHILDREN ARE DEVELOPING PHYSICALLY, SOCIALLY, AND EMOTIONALLY. CHILDREN PARTICIPATE IN ONE OF FIVE CLASSROOMS: INFANTS, TODDLERS, TWO-YEAR OLDS, PRE-SCHOOL, AND PRE-KINDERGARTEN. EACH CLASSROOM IS STAFFED BY A LEAD TEACHER AND AN ASSOCIATE TEACHER. TEACHERS IMPLEMENT A RESEARCH BASED CURRICULUM AND ASSESS EACH CHILD TO MEASURE HIS/HER DEVELOPMENT. THE EARLY CHILDHOOD EDUCATION PROGRAM IS UNDER THE DIRECTION OF A DIRECTOR OF EDUCATION. CHILDREN ARE ASSESSED USING THE DRDP WHICH MEASURES DEVELOPMENTAL

4b (Code:) (Expenses \$ **180,074** including grants of \$) (Revenue \$ **22,000**)

ADULT EDUCATION: A CORE OBJECTIVE OF THIS PROGRAM IS TO IMPROVE FAMILY LITERACY THROUGH ADULT EDUCATION CLASSES. THE DIRECTOR OF EDUCATION IS RESPONSIBLE FOR DESIGNING THIS PROGRAM WHICH TEACHES ENGLISH AS A SECOND LANGUAGE, COMPUTER SKILLS, AND BASIC ADULT EDUCATION TO IMMIGRANT PARENTS. THE OBJECTIVES ARE: TO IMPROVE THE COMPREHENSION, SPEAKING, READING, AND WRITING SKILLS OF PARENTS AND TO INCREASE THE ABILITY OF PARENTS TO SUPPORT THEIR CHILD'S LEARNING. RESULTS SHOWED THAT 68% OF PARENTS STUDYING ENGLISH AS A SECOND LANGUAGE ACHIEVED A 3-5 POINT GAIN IN THEIR CASAS TEST SCORE, SIGNIFICANTLY ABOVE OUR REQUIRED GOAL OF 60%. IN ADDITION, 100% OF PARENTS TOOK ON A LEADERSHIP ROLE THIS FISCAL YEAR, EXCEEDING OUR GOAL OF 70%. THIS FISCAL YEAR 48 PARENTS WERE IN OUR ESL PROGRAM.

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 1,384,659**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? If "Yes," complete Schedule F, Parts I and IV		X
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? If "Yes," complete Schedule F, Parts II and IV		X
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? If "Yes," complete Schedule F, Parts III and IV		X
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? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
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? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
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.	X	

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	22	
1b	Enter the number of voting members included in line 1a, above, who are independent	22	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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?		X
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?	X	
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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
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 **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

HECTOR LA FARGA, JR **980 NORTH FAIR OAKS AVENUE** **CA 91103** **626-792-2687**
PASADENA

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RENU BHAT-HANSEN MEMBER	1.00 0.00	X						0	0	0
(2) JUDY BROWN PRESIDENT	1.00 0.00	X		X				0	0	0
(3) VANESSA LEE MEMBER	1.00 0.00	X						0	0	0
(4) FRAN SCOBLE MEMBER	1.00 0.00	X						0	0	0
(5) WARREN BLEEKER MEMBER	1.00 0.00	X						0	0	0
(6) AMY DUNCAN VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(7) JON FUHRMAN MEMBER	1.00 0.00	X						0	0	0
(8) CONNIE LUE MEMBER	1.00 0.00	X						0	0	0
(9) ELSA MACIAS MEMBER	1.00 0.00	X						0	0	0
(10) HEATHER STERN MEMBER	1.00 0.00	X						0	0	0
(11) JEAN MILBRANDT TREASURER	1.00 0.00	X		X				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			
(12) NURIT KOTICK	1.00									
MEMBER	0.00	X					0	0	0	
(13) CARMEN VARGAS	1.00									
MEMBER	0.00	X					0	0	0	
(14) NORWEETA MILEBURN	1.00									
MEMBER	0.00	X					0	0	0	
(15) PEGGY ADAMS	1.00									
MEMBER	0.00	X					0	0	0	
(16) JENNIFER QUINTANILLA	1.00									
SECRETARY	0.00	X		X			0	0	0	
(17) MONICA WAHL SHAFFER	1.00									
MEMBER	0.00	X					0	0	0	
(18) ELIZABETH WOO	1.00									
MEMBER	0.00	X					0	0	0	
(19) MICHAEL LEB	1.00									
MEMBER	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u 1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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

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 **u 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			
(20) RONALD JOHNSON MEMBER	1.00 0.00	X						0	0	0
(21) ABEL RAMIREZ MEMBER	1.00 0.00	X						0	0	0
(22) SARA SHAPIRO MEMBER	1.00 0.00	X						0	0	0
1b Sub-total							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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 **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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

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 **u**

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	101,632				
	d Related organizations	1d					
	e Government grants (contributions)	1e	550,275				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	942,214				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	1,594,121				
	Program Service Revenue	2a	Busn. Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	68,490			68,490
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	282,496	53,756		
	b Less: cost or other basis & sales exps.		279,485				
	c Gain or (loss)		3,011	53,756			
	d Net gain or (loss)	u	56,767	3,011		53,756	
	8a Gross income from fundraising events (not including \$ 101,632 of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b	22,076			
		c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
	12 Total revenue. See instructions.	u	1,719,378	3,011	0	122,246	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 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	130,000	101,400	7,800	20,800
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	940,906	736,677	29,713	174,516
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	89,056	79,015	1,017	9,024
10 Payroll taxes	83,711	66,437	4,470	12,804
11 Fees for services (non-employees):				
a Management				
b Legal	383		325	58
c Accounting	35,408	32,191	2,607	610
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	24,654	23,765	889	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	156,399	121,394	24,471	10,534
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	63,817	60,494	2,823	500
b NUTRITION	41,791	41,780	11	
c PARENT PROGRAM SUPPLIES	37,889	37,889		
d WORKERS COMPENSATION	33,638		33,638	
e All other expenses	127,766	83,617	23,854	20,295
25 Total functional expenses. Add lines 1 through 24e	1,765,418	1,384,659	131,618	249,141
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	220,150	1	65,244
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	91,761	3	213,943
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	848
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,940,917		
	b	Less: accumulated depreciation	10b 1,673,585	10c 5,406,840	5,267,332
	11	Investments—publicly traded securities	1,569,028	11	1,553,437
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,287,779	16	7,100,804	
Liabilities	17	Accounts payable and accrued expenses	20,093	17	14,333
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	32,857	25	34,355
	26	Total liabilities. Add lines 17 through 25	52,950	26	48,688
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,536,127	27	6,351,721
	28	Temporarily restricted net assets	575,202	28	576,895
	29	Permanently restricted net assets	123,500	29	123,500
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	7,234,829	33	7,052,116	
34	Total liabilities and net assets/fund balances	7,287,779	34	7,100,804	

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	1,719,378
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,765,418
3	Revenue less expenses. Subtract line 2 from line 1	3	-46,040
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,234,829
5	Net unrealized gains (losses) on investments	5	-136,673
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,052,116

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		X
2b	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	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MOTHERS ' CLUB FAMILY LEARNING CENTER

Employer identification number

23-7275324

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,464,708	1,575,988	1,306,765	1,454,520	1,594,121	7,396,102
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,464,708	1,575,988	1,306,765	1,454,520	1,594,121	7,396,102
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						7,396,102

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,464,708	1,575,988	1,306,765	1,454,520	1,594,121	7,396,102
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,119	82,483	25,005	64,856	68,490	255,953
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						7,652,055

12 Gross receipts from related activities, etc. (see instructions) 12 22,076

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	96.66 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	97.40 %

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

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part 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? If "Yes" to a, b, or c, provide detail in Part VI .		
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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part 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.			
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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

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

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

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

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

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

Name of the organization MOTHERS' CLUB FAMILY LEARNING CENTER	Employer identification number 23-7275324
--	---

Organization type (check one):

- | | |
|--|---|
| Filers of:

Form 990 or 990-EZ

Form 990-PF | Section:
<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
<input type="checkbox"/> 527 political organization
<input type="checkbox"/> 501(c)(3) exempt private foundation
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
<input type="checkbox"/> 501(c)(3) taxable private foundation |
|--|---|

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization MOTHERS' CLUB FAMILY LEARNING	Employer identification number 23-7275324
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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	ANGELL FOUNDATION 11150 WILSHIRE BLVD. SUITE 910 LOS ANGELES CA 90064	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHILD NUTRITION SERVICES - CDE 1430 N. STREET STE 4503 SACRAMENTO CA 95814	\$ 94,122	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE SCHOW FOUNDATION 300-B DRAKE'S LANDING RD. STE 190 GREENBRAE CA 94904	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	EARLY HEAD START 2500 E. FOOTHILL BLVD STE 403 PASADENA CA 91107	\$ 283,697	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LOS ANGELES UNIVERSAL PRESCHOOL 888 S FIGUEROA ST #800 LOS ANGELES CA 90017	\$ 151,606	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE RALPH M. PARSON FOUNDATION 888 W. SIXTH STREET, 7TH FL LOS ANGELES CA 90017	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MOTHERS' CLUB FAMILY LEARNING	Employer identification number 23-7275324
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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	DEUTSCH FOUNDATION 2444 WILSHIRE BOULEVARD STE 600 SANTA MONICA CA 90403	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LOS ANGELES TIMES FAMILY FUND 205 N MICHIGAN AVE STE 4300 CHICAGO IL 60601	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TIKUN OLAM FOUNDATION 6505 WILSHIRE BLVD STE 1200 LOS ANGELES CA 90048	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE RIORDAN FOUNDATION PO BOX 491190 LOS ANGELES CA 90049	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	WEINGART FOUNDATION 1055 W 7TH ST #3200 LOS ANGELES CA 90017	\$ 125,000	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

MOTHERS' CLUB FAMILY LEARNING CENTER

Employer identification number

23-7275324

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of 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 are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 Yes No

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	123,500	123,500	123,500	123,500	123,500
b Contributions					
c Net investment earnings, gains, and losses	-1,927	64,730			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	186,303	188,230	123,500	123,500	123,500

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- 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 | | X |
| (ii) related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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		1,825,000		1,825,000
b Buildings		4,346,857	995,530	3,351,327
c Leasehold improvements		89,641	47,255	42,386
d Equipment				
e Other		679,419	630,800	48,619
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				5,267,332

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.) u		

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.) u		

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.) u	

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) ACCRUED VACATION	34,355	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	34,355	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,692,036
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-136,673	
b	Donated services and use of facilities	2b	87,255	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	22,076	
e	Add lines 2a through 2d		2e	-27,342
3	Subtract line 2e from line 1		3	1,719,378
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,719,378

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

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

1	Total expenses and losses per audited financial statements		1	1,874,749
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	87,255	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	22,076	
e	Add lines 2a through 2d		2e	109,331
3	Subtract line 2e from line 1		3	1,765,418
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,765,418

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.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING \$ **22,076**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING \$ **22,076**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

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

⚡ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

**MOTHERS' CLUB FAMILY LEARNING
CENTER**

Employer identification number

23-7275324

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
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
		FUNDRAISING DIN (event type)	_____ (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	123,708			123,708
	2 Less: Contributions	101,632			101,632
	3 Gross income (line 1 minus line 2)	22,076			22,076
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	22,076			22,076
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,076
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

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

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 u \$ and the amount of gaming revenue retained by the third party u \$
c If "Yes," enter name and address of the third party:

Name u
Address u

16 Gaming manager information:
Name u
Gaming manager compensation u \$
Description of services provided u
 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 u \$

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

.....

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015**Open to Public
Inspection****MOTHERS' CLUB FAMILY LEARNING
CENTER**

Employer identification number

23-7275324**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

MILESTONES. THIS FISCAL YEAR 87% OF PRESCHOOL CHILDREN NOT ENTERING KINDERGARTEN(3-4 YEARS-OLD) ACHEIVED A DEVELOPMENTAL LEVEL OF "3" (DEVELOPING) OR HIGHER FOR EACH OF THE FOUR EFFECTIVE LEARNER INDICATORS MEASURED WITH THE DRDP AFTER A MINIMUM OF 200 HOURS OF INSTRUCTION. THIS EXCEEDED OUR OWN BENCHMARK OF 70%. 81% OF PRESCHOOL CHILDREN ENTERING KINDERGARTEN (4-5 YEARS-OLD)ACHEIVED A DEVELOPMENTAL LEVEL OF "4" OR "5" (BUILDING OR INTEGRATING) FOR EACH OF THE FOUR EFFECTIVE LEARNER INDICATORS MEASURED WITH THE DRDP AFTER A MINIMUM OF 200 HOURS OF INSTRUCTION. THIS EXCEEDED OUR OWN BENCHMARK OF 70%. ONE HUNDRED AND TEN (110) CHILDREN PARTICIPATED IN OUR EARLY CHILDHOOD EDUCATION PROGRAMS, WHICH ARE OFFERED IN THE MORNING AND IN THE AFTERNOON.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

PARENT EDUCATION: PARENTS ARE SUPPORTED IN THEIR ROLE AS THEIR CHILD'S FIRST TEACHER BY AN INTEGRATED ARRAY OF EDUCATIONAL CLASSES AND SUPPORT SERVICES THAT ARE UNDER THE DIRECTION OF THE PARENT PROGRAM DIRECTOR. PARENTS ATTEND WEEKLY PARENT EDUCATION CLASSES, PSYCHOLOGICAL SUPPORT GROUPS, AND INDIVIDUAL COUNSELING IF NEEDED. IN ADDITION, PARENTS ASSIST ONCE A WEEK IN THEIR CHILD'S CLASSROOM WHERE THEY ARE MENTORED BY THE ECE TEACHERS. THE PARENT PROGRAM DIRECTOR IMPLEMENTS A VARIETY OF LEADERSHIP SKILL BUILDING ACTIVITIES TO HELP PARENTS DEVELOP DECISION MAKING SKILLS THAT ARE IMPORTANT AS THEIR CHILD GROWS. THE OBJECTIVES OF THE PARENT EDUCATION PROGRAM ARE: TO INCREASE THE KNOWLEDGE OF CHILD DEVELOPMENT IN PARENTS; TO STRENGTHEN THE BOND BETWEEN PARENT AND CHILD; AND TO IMPROVE

Name of the organization

Employer identification number

MOTHERS' CLUB FAMILY LEARNING

23-7275324

THE MENTAL HEALTH OF PARENTS. RESULTS SHOWED THAT 95% OF PARENTS WHO WERE ENROLLED IN OUR PROGRAM FOR NINE MONTHS ATTENDED 20 OR MORE PARENT EDUCATION CLASSES. THE ATTENDANCE RATE FOR PARENTS WAS 80% AND MORE THAN 95% OF FAMILIES REMAINED IN THE PROGRAM FOR THE ENTIRE YEAR. THIS FISCAL YEAR NINETY PARENTS PARTICIPATED IN OUR PARENTING PROGRAMS, WHICH ARE OFFERED IN THE MORNING AND IN THE AFTERNOON.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE DRAFT 990 AND MOVES TO ACCEPT THE CORRECTNESS OF THE 990 ON BEHALF OF THE BOARD OF DIRECTORS. THE ENTIRE BOARD OF DIRECTORS IS GIVEN A COPY OF THE COMPLETED 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUALLY, IN JULY, ALL BOARD MEMBERS AND ALL STAFF MEMBERS IN LEADERSHIP POSITIONS ARE GIVEN THE BOARD POLICY ON CONFLICT OF INTEREST AND ARE REQUIRED TO COMPLETE THE "CONFLICT DISCLOSURE FORM" THAT EITHER DISCLOSES ANY POTENTIAL CONFLICTS OR STATES THAT THERE ARE NO CONFLICTS. THESE FORMS ARE KEPT ON FILE AT THE ORGANIZATION OFFICE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE COMMITTEE REVIEWED THE LATEST COMPENSATION DATA FROM THE CENTER FOR NONPROFIT MANAGEMENT COMPENSATION AND BENEFITS SURVEY TO ANALYZE DATA FROM COMPARABLE ORGANIZATIONS (BY SIZE, NUMBER OF EMPLOYEES, AREA OF SERVICE, LENGTH OF TIME IN POSITION). IN ADDITION, THE EXECUTIVE COMMITTEE LOOKED AT COMPENSATION DATA FOR LOCAL PASADENA NON-PROFIT ORGANIZATIONS AS LISTED ON THEIR 990 TAX FORMS. THEIR DELIBERATION AND DECISION WERE NOTED

Name of the organization

Employer identification number

MOTHERS' CLUB FAMILY LEARNING

23-7275324

IN THE EXECUTIVE COMMITTEE MINUTES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING \$ 22,076

FUNDRAISING \$ -22,076

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return **MOTHERS' CLUB FAMILY LEARNING CENTER**

Identifying number
23-7275324

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	140,677

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	12,914
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		7,538	5.0	HY	200DB	1,509
c 7-year property		9,098	7.0	HY	200DB	1,301
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	156,401
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Year Ended: June 30, 2016

23-7275324

MOTHERS' CLUB FAMILY LEARNING
CENTER
980 NORTH FAIR OAKS AVENUE
PASADENA, CA 91103

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1												
Group: Amortization												
10		Closing Costs	3/20/06	39,673	0	0	39,673	0	39,673	0	S/L	7.00
Amortization				39,673	0c	0	39,673	0	39,673	0		
Group: Buildings												
8		FairOaks Building	3/20/06	541,680	0	0	128,474	13,889	142,363	399,317	S/L	39.00
15		FAIR OAKS BUILDING	10/12/07	3,787,869	0	0	752,719	97,124	849,843	2,938,026	S/L	39.00
32		UTILITY PLAN & DESIGN	11/22/08	5,500	0	0	928	141	1,069	4,431	S/L	39.00
33		DONOR RECOGNITION WALL	2/21/09	7,599	0	0	1,235	194	1,429	6,170	S/L	39.00
34		HAZARDOUS WASTE DISPOSAL	9/24/08	2,696	0	0	466	70	536	2,160	S/L	39.00
35		EXCESS MORTGAGE INTEREST	12/31/08	1,513	0	0	251	39	290	1,223	S/L	39.00
Buildings				4,346,857	0c	0	884,073	111,457	995,530	3,351,327		
Group: COMPUTER EQUIPMENT												
786		IPAD #12 (INFANTS)	8/12/15	438	0c	0	0	88	88	350	200DB	5.0
787		IPAD #13 (2'S)	8/12/15	438	0c	0	0	88	88	350	200DB	5.0
788		IPAD #14 (TODDLERS)	8/12/15	438	0c	0	0	88	88	350	200DB	5.0
789		IPAD #15 (PS)	8/12/15	438	0c	0	0	88	88	350	200DB	5.0
829		ASUS UX3xx SERIES ZENBROOK	12/02/15	1,526	0c	0	0	305	305	1,221	200DB	5.0
830		DELL USB TRIPLE DISPLAY	12/02/15	185	0c	0	0	37	37	148	200DB	5.0
841		ASUS UX3xx ZENBROOK 13" ZE	5/05/16	1,526	0c	0	0	305	305	1,221	200DB	5.0
842		DELL USB 3.0 TRIPLE DISPLAY	5/05/16	185	0c	0	0	37	37	148	200DB	5.0
COMPUTER EQUIPMENT				5,174	0c	0	0	1,036	1,036	4,138		
Group: Furniture and Fixtures												
1		LAMINATOR	12/06/99	1,681	0	0	1,681	0	1,681	0	S/L	5.00
2		TEMPLATE SHAPE CUTTER	9/09/03	1,086	0	0	1,086	0	1,086	0	S/L	7.00
5		Speaker System	6/05/06	2,282	0	0	2,282	0	2,282	0	S/L	5.00
11		CONFERENCE PHONE	10/12/07	850	0	0	850	0	850	0	S/L	5.00
12		MAIL SYSTEM	10/12/07	1,126	0	0	1,126	0	1,126	0	S/L	5.00
13		FURNITURE AND FIXTURES	10/12/07	247,617	0	0	247,617	0	247,617	0	S/L	7.00
17		FURNITURE AND FIXTURES-1	10/12/07	78,062	0	0	78,062	0	78,062	0	S/L	7.00
19		ECE CUBBIES	8/18/08	1,074	0	0	1,047	27	1,074	0	S/L	7.00
20		FLOOR MATS	9/12/08	766	0	0	746	20	766	0	S/L	7.00
21		2 TABLES & 8 CHAIRS	10/01/08	2,428	0	0	2,342	86	2,428	0	S/L	7.00
22		INFANT ROOM DIVIDER	12/12/08	318	0	0	298	20	318	0	S/L	7.00
23		LOGO MAT	12/23/08	428	0	0	397	31	428	0	S/L	7.00
24		BOOKCASE	1/01/09	630	0	0	585	45	630	0	S/L	7.00
25		CHAIR CART	1/01/09	304	0	0	281	23	304	0	S/L	7.00
26		ECE TABLES	4/01/09	370	0	0	331	39	370	0	S/L	7.00
36		6'X15' HEAVY DUTY MAT	12/09/09	761	0	0	607	109	716	45	S/L	7.00
37		EHS START UP FURNITURE	4/16/10	1,495	0	0	1,105	213	1,318	177	S/L	7.00
38		4 AMERICANA CHAIRS	5/19/10	852	0	0	619	122	741	111	S/L	7.00
39		36X36 TABLE	5/19/10	563	0	0	408	81	489	74	S/L	7.00
46		ACCESSORIES SHELF	9/22/10	103	0	0	70	15	85	18	S/L	7.00
47		ROUND TABLE	9/22/10	203	0	0	138	29	167	36	S/L	7.00

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1 Group: Furniture and Fixtures (continued)												
48		SMALL TURQUOISE TABLE	9/22/10	329	0	0	223	47	270	59	S/L	7.00
49		TIME CLOCK SYSTEM/PYRAMI	11/01/10	439	0	0	410	29	439	0	S/L	5.00
51		18 BLUE/RED TODDLER SAND	1/06/11	275	0	0	177	39	216	59	S/L	7.00
52		RED SAND/WATER ACT CENTE	1/06/11	282	0	0	181	40	221	61	S/L	7.00
53		FAUCETS FOR KITCHEN	3/16/11	438	0	0	267	62	329	109	S/L	7.00
54		DISHWASHER-NUTRITN KITCH	3/31/11	916	0	0	779	137	916	0	S/L	5.00
55		INSTALL 2 SINK/FAUCETS/DI	4/20/11	225	0	0	133	33	166	59	S/L	7.00
56		F24, LOW STORAGE UNIT PK	5/19/11	401	0	0	234	57	291	110	S/L	7.00
57		TABLE & CHAIR FOR PSCHOOL	5/20/11	407	0	0	237	59	296	111	S/L	7.00
58		ID#647 BLACK THINK CHAIR	6/13/11	722	0	0	421	104	525	197	S/L	7.00
59		ID#648 LYRIC QUEST CHAIR	6/13/11	583	0	0	340	83	423	160	S/L	7.00
60		ID#649 COMPUTR CORNR DESK	6/13/11	991	0	0	579	141	720	271	S/L	7.00
71		FURNITURE AND FIXTURES	2/28/12	4,844	0	0	2,307	692	2,999	1,845	S/L	7.00
75		EPSON DUET 80" PROJECTION !	1/28/13	174	0	0	60	25	85	89	S/L	7.00
76		KENSINGTON WIRELESS PRESI	1/28/13	88	0	0	30	13	43	45	S/L	7.00
77		GE WASHER	2/26/13	794	0	0	265	113	378	416	S/L	7.00
78		2 EZ up Canopies	3/12/13	434	0	0	145	62	207	227	S/L	7.00
95		WOODEN CHAIR FOR SOCIAL F	9/06/13	186	0	0	34	43	77	109	200DB	7.0
96		WOODEN CHAIR FOR SOCIAL F	9/06/13	186	0	0	34	43	77	109	200DB	7.0
97		WOODEN CHAIR FO SOCIAL KI	9/06/13	186	0	0	34	43	77	109	200DB	7.0
98		WOODEN CHAIR FOR SOCIAL F	9/06/13	186	0	0	34	43	77	109	200DB	7.0
99		WOODEN CHAIR FOR SOCIAL F	9/06/13	186	0	0	34	43	77	109	200DB	7.0
100		WOODEN CHAIR FOR SOCIAL F	9/06/13	186	0	0	34	43	77	109	200DB	7.0
101		J712 WOODCREST CHAIRS #701	9/23/13	107	0	0	16	26	42	65	200DB	7.0
102		J712 WOODCREST CHAIR #702	9/23/13	107	0	0	19	25	44	63	200DB	7.0
103		J712 WOODCREST CHAIRS #703	9/23/13	107	0	0	19	25	44	63	200DB	7.0
104		J712 WOODCREST CHAIRS #704	9/23/13	107	0	0	19	25	44	63	200DB	7.0
105		KEURIG COFFEE SYSTEM #711	10/08/13	142	0	0	25	33	58	84	200DB	7.0
125		4' X 32" TOTE SHELF (F697)	2/26/14	583	0	0	78	202	280	303	200DB	5.0
126		F890 CLEAR DEEP TOTES	2/26/14	227	0	0	30	56	86	141	200DB	7.0
142		OUTLAST 18" PROJECT TABLE	5/27/14	1,101	0	0	119	281	400	701	200DB	7.0
143		BLACK UTILITY CART FOR PL/	6/27/14	158	0	0	16	40	56	102	200DB	7.0
144		XEROX COLOR COPIER	6/27/14	10,895	0	0	1,089	2,802	3,891	7,004	200DB	7.0
151		DISHWASHER	10/12/07	899	0	0	899	0	899	0	S/L	7.00
755		30" ROUND TABLE & CHAIRS S	8/14/14	326	0	0	30	85	115	211	200DB	7.0
756		DRESS UP UNIT W/ MIRROR	9/18/14	175	0	0	13	47	60	115	200DB	7.0
790		J710 WOODCREST CHAIRS	8/14/15	97	0c	0	0	14	14	83	200DB	7.0
791		J710 WOODCREST CHAIRS	8/14/15	97	0c	0	0	14	14	83	200DB	7.0
792		J710 WOODCREST CHAIRS	8/14/15	97	0c	0	0	14	14	83	200DB	7.0
793		J710 WOODCREST CHAIRS	8/14/15	97	0c	0	0	14	14	83	200DB	7.0
794		J710 WOODCREST CHAIRS	8/14/15	97	0c	0	0	14	14	83	200DB	7.0
795		J710 WOODCREST CHAIRS	8/14/15	97	0c	0	0	14	14	83	200DB	7.0
796		J506 ME-DO-IT CHAIR 6.5"	8/14/15	97	0c	0	0	14	14	83	200DB	7.0
797		Sails for playground	7/21/15	4,700	0c	0	0	671	671	4,029	200DB	7.0
798		9x8 COVER FOR SLIDE	7/21/15	3,512	0c	0	0	502	502	3,010	200DB	7.0
799		ME-DO-IT CHAIR	1/20/15	70	0	0	3	19	22	48	200DB	7.0
800		HUTCH BOOK CASE	8/21/14	369	0	0	31	96	127	242	200DB	7.0
801		STACK CHAIR	3/06/15	88	0	0	3	24	27	61	200DB	7.0
802		STACK CHAIR	3/06/15	88	0	0	3	24	27	61	200DB	7.0

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1 Group: Furniture and Fixtures (continued)												
803		STACK CHAIR	3/06/15	88	0	0	3	24	27	61	200DB	7.0
804		STACK CHAIR	3/06/15	88	0	0	3	24	27	61	200DB	7.0
805		STACK CHAIR	3/06/15	88	0	0	3	24	27	61	200DB	7.0
806		STACK CHAIR	3/06/15	88	0	0	3	24	27	61	200DB	7.0
807		STACK CHAIR	3/06/15	88	0	0	3	24	27	61	200DB	7.0
808		STACK CHAIR	3/06/15	88	0	0	3	24	27	61	200DB	7.0
809		STACK CHAIR	3/06/15	88	0	0	3	24	27	61	200DB	7.0
810		STACK CHAIR	3/06/15	88	0	0	3	24	27	61	200DB	7.0
823		COMMEMORATIVE BENCH - LI	7/22/14	2,848	0	0	261	739	1,000	1,848	200DB	7.0
825		MULTI-STORAGE UNIT	8/25/14	514	0	0	43	135	178	336	200DB	7.0
826		OUTLAST STORAGE BENCH	1/13/15	730	0	0	37	198	235	495	200DB	7.0
827		OUTDOOR TABLE FOR TODDLI	3/19/15	97	0	0	2	27	29	68	200DB	7.0
828		WINDOW BLINDS	1/27/15	1,141	0	0	48	312	360	781	200DB	7.0
837		OUTLAST BENCH 10"	4/15/16	207	0c	0	0	30	30	177	200DB	7.0
840		LAMINATOR CSL2700	4/22/16	1,063	0c	0	0	213	213	850	200DB	5.0
Furniture and Fixtures				388,201	0c	0	351,497	9,781	361,278	26,923		
Group: Improvements												
27		TODDLER AWNING	9/02/08	6,095	0	0	5,710	385	6,095	0	S/L	7.00
28		SECURITY ENCLOSURE	8/05/08	1,067	0	0	1,053	14	1,067	0	S/L	7.00
29		TODDLER STORAGE SHED	9/05/08	2,610	0	0	2,549	61	2,610	0	S/L	7.00
30		REAR AWNING	9/30/08	2,624	0	0	2,531	93	2,624	0	S/L	7.00
72		LEASEHOLD IMPROVEMENTS	11/25/11	10,855	0	0	5,557	1,551	7,108	3,747	S/L	7.00
80		Leasehold Improvements	10/17/12	3,075	0	0	1,171	440	1,611	1,464	S/L	7.00
81		Leasehold Improvements	12/10/12	10,763	0	0	3,972	1,538	5,510	5,253	S/L	7.00
82		Leasehold Improvements	12/26/12	9,500	0	0	3,393	1,357	4,750	4,750	S/L	7.00
83		LEASEHOLD IMPROVEMENTS	1/17/13	11,363	0	0	3,923	1,623	5,546	5,817	S/L	7.00
84		LEASEHOLD IMPROVEMENTS	3/11/13	10,875	0	0	3,625	1,554	5,179	5,696	S/L	7.00
85		LEASEHOLD IMPROVEMENTS	3/27/13	9,525	0	0	3,062	1,360	4,422	5,103	S/L	7.00
86		LEASEHOLD IMPROVEMENTS	3/29/13	339	0	0	109	48	157	182	S/L	7.00
133		MOTORIZED RETRACTABLE A'	5/16/14	3,650	0	0	99	94	193	3,457	S/L	39.0
134		MOTORIZED RETRACTABLE A'	5/16/14	3,650	0	0	99	94	193	3,457	S/L	39.0
150		MOTORIZED RATRACTABLE A	5/16/14	3,650	0	0	99	94	193	3,457	S/L	39.0
Improvements				89,641	0c	0	36,952	10,306	47,258	42,383		
Group: Land												
9		FairOaks Land	3/20/06	1,825,000	0	0	0	0	0	1,825,000	Land	0.00
Land				1,825,000	0c	0	0	0	0	1,825,000		
Group: Machinery and Equipment												
3		LCD PROJECTER	9/24/03	1,721	0	0	1,721	0	1,721	0	S/L	5.00
4		LAPTOP COMPUTER FOR PROJ	9/24/03	1,082	0	0	1,082	0	1,082	0	S/L	5.00
6		Laptop	6/27/06	1,266	0	0	1,266	0	1,266	0	S/L	5.00
7		Laptop	6/27/06	1,266	0	0	1,266	0	1,266	0	S/L	5.00
16		COMPUTERS	10/12/07	15,349	0	0	15,349	0	15,349	0	S/L	5.00
18		PHOTOVOLTIC SOLAR SYSTEM	10/12/07	104,718	0	0	104,718	0	104,718	0	S/L	5.00
40		ACER SLIM PC	7/29/09	926	0	0	926	0	926	0	S/L	5.00

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1 Group: Machinery and Equipment (continued)												
41		19 LSC MONITOR	7/29/09	227	0	0	227	0	227	0	S/L	5.00
42		HP M8530F DESKTOP MODIFIE	1/01/10	1,317	0	0	1,317	0	1,317	0	S/L	5.00
44		22 HYUNDAI MONITOR	6/02/10	219	0	0	219	0	219	0	S/L	5.00
45		GATEWAY LAPTOP FOR JASON	6/14/10	900	0	0	900	0	900	0	S/L	5.00
61	d	COMPUTER FOR DEV ASSOCIA	7/23/10	1,138	0	0	1,120	18	1,138	0	S/L	5.00
62		LENOVO TAPTOP FOR TEACHR	11/01/10	224	0	0	209	15	224	0	S/L	5.00
63		AMD ATHLON X2 LAPTOP	11/01/10	868	0	0	811	57	868	0	S/L	5.00
64		DELL XPS DESKTOP-LIBRARY	11/01/10	488	0	0	456	32	488	0	S/L	5.00
65		ULTRA MOBILE DLP PROJECTR	1/11/11	991	0	0	892	99	991	0	S/L	5.00
66		ID#641 CANON CAMCORDER	1/11/11	588	0	0	530	58	588	0	S/L	5.00
67		ID#638 ACER DESKTOP PC	1/12/11	800	0	0	720	80	800	0	S/L	5.00
68		ID#639 HP20 LD MONITOR	1/12/11	252	0	0	226	26	252	0	S/L	5.00
69		MICROPHONE-VIDEO CAMERA	5/25/11	149	0	0	121	28	149	0	S/L	5.00
70		ID#646 GATEWAY NOTEBOOK	5/31/11	948	0	0	775	173	948	0	S/L	5.00
73		COMPUTER EQUIPMENT	7/20/11	9,030	0	0	7,073	1,807	8,880	150	S/L	5.00
74		SOLAR PANELS	10/03/11	66,257	0	0	49,693	13,252	62,945	3,312	S/L	5.00
87		23" IPS LED MONITOR	10/03/12	282	0	0	155	57	212	70	S/L	5.00
88		SERVER UPGRADE-FIJITSU PRI	1/31/13	924	0	0	447	184	631	293	S/L	5.00
89		SAMSUN ITB SATA HARD DRIV	1/31/13	609	0	0	294	122	416	193	S/L	5.00
90		TP-LINK 24-PORT GIGABIT SWI	1/31/13	522	0	0	252	105	357	165	S/L	5.00
91		TP-LINK ROUTER	1/31/13	239	0	0	116	47	163	76	S/L	5.00
92		HP PAVILION DESKTOP	1/31/13	892	0	0	431	179	610	282	S/L	5.00
93		BROTHER PRINTER	2/19/13	142	0	0	66	29	95	47	S/L	5.00
94		LOGITECH KEYBOARD	2/19/13	98	0	0	46	19	65	33	S/L	5.00
106		KEYBOARD TRAY SYSTEM #71	11/13/13	277	0	0	46	92	138	139	200DB	5.0
107		IPAD#3- DONATION #737	12/17/13	500	0	0	75	170	245	255	200DB	5.0
108		IPAD#1 - DONATION	12/17/13	500	0	0	75	121	196	304	200DB	7.0
109		IPAD#2 - DONATIONS	12/17/13	500	0	0	75	170	245	255	200DB	5.0
110		IPAD#4 - DONATION	12/17/13	500	0	0	78	169	247	253	200DB	5.0
111		IPAD#5 - DONATION	12/17/13	500	0	0	75	170	245	255	200DB	5.0
112		HP ELITE DESKTOP PC #744	1/16/14	763	0	0	108	262	370	393	200DB	5.0
113		WIFI FOR ECE AREA	1/16/14	543	0	0	77	186	263	280	200DB	5.0
114		IPAD AIR#6 FOR ED USE	2/19/14	549	0	0	73	190	263	286	200DB	5.0
115		CAMERA NIKON COOLPIX, SIL'	2/11/14	162	0	0	23	56	79	83	200DB	5.0
116		CAMERA NIKON COOLPIX, BLA	2/11/14	156	0	0	22	54	76	80	200DB	5.0
117		CAMERA NIKON COOLPIX, REI	2/11/14	157	0	0	22	54	76	81	200DB	5.0
118		CAMERA NIKON COOLPIX, OR/	2/11/14	156	0	0	22	54	76	80	200DB	5.0
119		SONY CYBER-SHOT DSCRX100	2/11/14	466	0	0	66	160	226	240	200DB	5.0
120		IPAD AIR#7 FOR DIR EDUCATIC	2/18/14	547	0	0	73	190	263	284	200DB	5.0
121		IPAD AIR#8 FOR DIR OF PROGR	2/18/14	547	0	0	73	190	263	284	200DB	5.0
122		IPAD AIR#9 (INF)	2/18/14	547	0	0	73	190	263	284	200DB	5.0
123		IPAD AIR#10 (2'S)	2/18/14	547	0	0	73	190	263	284	200DB	5.0
124		IPAD AIR#11 (TODDLERS)	2/18/14	547	0	0	73	190	263	284	200DB	5.0
127		PLASTIC ART CABINET	3/01/14	120	0	0	16	30	46	74	200DB	7.0
128		STORAGE CABINET FOR ART S	3/31/14	283	0	0	35	99	134	149	200DB	5.0
129		SINGLE WELL SAND AND WET	4/02/14	338	0	0	42	85	127	211	200DB	7.0
130		GE 24" BUILT-IN DISHWASHER	4/10/14	756	0	0	94	189	283	473	200DB	7.0
131		LOGITECH KEYBOARD	4/10/14	132	0	0	17	46	63	69	200DB	5.0
132		HP LASER COLOR PRINTER	4/22/14	519	0	0	61	183	244	275	200DB	5.0

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1 Group: Machinery and Equipment (continued)												
135		SAMSUNG SYNCMASTER 940B>	5/22/14	158	0	0	17	56	73	85	200DB	5.0
136		SAMSUNG SYNCMASTER 940B>	5/22/14	158	0	0	17	56	73	85	200DB	5.0
137		SAMSUNG SYNCMASTER 940B>	5/22/14	158	0	0	17	56	73	85	200DB	5.0
138		SAMSUNG SYNCMASTER 940B>	5/22/14	158	0	0	17	56	73	85	200DB	5.0
139		SAMSUNG SYNCMASTER 940B>	5/22/14	158	0	0	17	56	73	85	200DB	5.0
140		SAMSUNG SYNCMASTER 940B>	5/22/14	158	0	0	17	56	73	85	200DB	5.0
141		OUTLAST STORAGE BENCH WI	5/27/14	676	0	0	73	172	245	431	200DB	7.0
148		COMPUTER EQUIPMENT 2	7/20/11	800	0	0	627	160	787	13	S/L	5.00
738		LED TABLET	8/07/14	153	0	0	14	55	69	84	200DB	5.0
739		LED TABLET	8/07/14	153	0	0	14	55	69	84	200DB	5.0
740		LED TABLET	8/07/14	153	0	0	14	55	69	84	200DB	5.0
741		LED TABLET	8/07/14	153	0	0	14	55	69	84	200DB	5.0
763		Lenovo IdeaCentre V3 Computer	7/15/14	817	0	0	82	294	376	441	200DB	5.0
775		APPLE MACBOOK AIR 13"	12/15/14	1,417	0	0	83	534	617	800	200DB	5.0
776		HP PRO DESKTOP COMPUTER	1/13/15	708	0	0	35	269	304	404	200DB	5.0
777		HP 23" MONITOR	1/13/15	207	0	0	10	79	89	118	200DB	5.0
778		BOSE SOUNDLINK SPEAKER	1/15/15	141	0	0	7	53	60	81	200DB	5.0
779		NORTEL CORDLESS PHONE SY.	1/30/15	599	0	0	25	230	255	344	200DB	5.0
780		SAMSUNG 19" MONITOR	1/30/15	97	0	0	4	37	41	56	200DB	5.0
781		SAMSUNG 19" MONITOR	1/30/15	97	0	0	4	37	41	56	200DB	5.0
782		SAMSUNG 19" MONITOR	1/30/15	97	0	0	4	37	41	56	200DB	5.0
783		SAMSUNG 19" MONITOR	1/30/15	97	0	0	4	37	41	56	200DB	5.0
784		IPAD AIR	3/05/15	547	0	0	18	212	230	317	200DB	5.0
785		PRO TEAM SUPER COACHVAC	6/03/15	441	0	0	4	125	129	312	200DB	7.0
812		FLIR 8 CHANNEL HARD DRIVE	3/30/15	707	0	0	18	276	294	413	200DB	5.0
813		SYNNEX PIN HOLE CAMERA	3/30/15	65	0	0	2	18	20	45	200DB	7.0
814		SYNNEX PIN HOLE CAMERA	3/30/15	65	0	0	2	18	20	45	200DB	7.0
815		SYNNEX OUTDOOR CAMERA	3/30/15	163	0	0	4	46	50	113	200DB	7.0
816		SYNNEX OUTDOOR CAMERA	3/30/15	163	0	0	4	46	50	113	200DB	7.0
817		SYNNEX OUTDOOR CAMERA	3/30/15	163	0	0	4	46	50	113	200DB	7.0
818		SYNNEX OUTDOOR CAMERA	3/30/15	163	0	0	4	46	50	113	200DB	7.0
819		SYNNEX OUTDOOR DOME CAM	3/30/15	87	0	0	2	24	26	61	200DB	7.0
820		SAMSUNG 32" HDTV	3/30/15	436	0	0	11	121	132	304	200DB	7.0
821		SAMSUNG 28" HDTV	3/30/15	240	0	0	6	67	73	167	200DB	7.0
822		JDMI BALUM KIT	3/30/15	327	0	0	8	91	99	228	200DB	7.0
833		12" ANGELES SILVERRIDE TRIK	1/25/16	193	0c	0	0	39	39	154	200DB	5.0
834		12" ANGELES SILVERRIDE	1/25/16	193	0c	0	0	39	39	154	200DB	5.0
835		10" ANGELES SILBERRIDE TRIK	1/25/16	182	0c	0	0	36	36	146	200DB	5.0
836		10" ANGELES SILVERRIDE TRIK	1/25/16	182	0c	0	0	36	36	146	200DB	5.0
838		ANGELES SILVERRIDE RICKSH	1/25/16	367	0c	0	0	73	73	294	200DB	5.0
839		APPLIANCE	4/08/16	184	0c	0	0	37	37	147	200DB	5.0
Machinery and Equipment				237,225	0c	0	196,094	23,768	219,862	17,363		
*Less: Dispositions and Transfers				1,138	0	0	1,120	0	1,138	0		
Net Machinery and Equipment				<u>236,087</u>	<u>0c</u>	<u>0</u>	<u>194,974</u>	<u>23,768</u>	<u>218,724</u>	<u>17,363</u>		

Tax Asset Detail 7/01/15 - 6/30/16

FYE: 6/30/2016

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1 (continued)												
Group: Software												
14		FUNDRAISING SOFTWARE	8/30/07	9,361	0	0	9,361	0	9,361	0	S/L	3.00
31		MS OFFICE UPGRADE	6/21/09	675	0	0	675	0	675	0	S/L	5.00
831		MICROSOFT OFFICE 2013	12/02/15	164	0c	0	0	32	32	132	Amort	3.00
832		MICROSOFT WINDOWS 10 PRO	12/02/15	108	0c	0	0	21	21	87	Amort	3.00
Software				10,308	0c	0	10,036	53	10,089	219		
Form 990, Page 1				6,942,079	0c	0	1,518,325	156,401	1,674,726	5,267,353		
*Less: Dispositions and Transfers				1,138	0	0	1,120	0	1,138	0		
Net Form 990, Page 1				6,940,941	0c	0	1,517,205	156,401	1,673,588	5,267,353		
Grand Total				6,942,079	0c	0	1,518,325	156,401	1,674,726	5,267,353		
Less: Dispositions and Transfers				1,138	0	0	1,120	0	1,138	0		
Net Grand Total				6,940,941	0c	0	1,517,205	156,401	1,673,588	5,267,353		
Other Assets				6,942,079	0c	0	1,518,325	156,401	1,674,726	5,267,353		
Less: Dispositions and Transfers				1,138	0	0	1,120	18	1,138	0		
Net Other Assets				6,940,941	0c	0	1,517,205	156,383	1,673,588	5,267,353		

Asset	d t	Property Description	Date In Service	CA Cost	CA Sec 179 Exp	c	CA Bonus Amt	CA Prior Depreciation	CA Current Depreciation	CA End Depr	CA Net Book Value	CA Method	CA Period
Activity: Form 990, Page 1													
Group: Amortization													
10		Closing Costs	3/20/06	39,673	0		0	39,673	0	39,673	0	S/L	7.00
Amortization				<u>39,673</u>	<u>0c</u>		<u>0</u>	<u>39,673</u>	<u>0</u>	<u>39,673</u>	<u>0</u>		
Group: Buildings													
8		FairOaks Building	3/20/06	541,680	0		0	128,474	13,889	142,363	399,317	S/L	39.00
15		FAIR OAKS BUILDING	10/12/07	3,787,869	0		0	752,719	97,124	849,843	2,938,026	S/L	39.00
32		UTILITY PLAN & DESIGN	11/22/08	5,500	0		0	928	141	1,069	4,431	S/L	39.00
33		DONOR RECOGNITION WALL	2/21/09	7,599	0		0	1,235	194	1,429	6,170	S/L	39.00
34		HAZARDOUS WASTE DISPOSAL	9/24/08	2,696	0		0	466	70	536	2,160	S/L	39.00
35		EXCESS MORTGAGE INTEREST	12/31/08	1,513	0		0	251	39	290	1,223	S/L	39.00
Buildings				<u>4,346,857</u>	<u>0c</u>		<u>0</u>	<u>884,073</u>	<u>111,457</u>	<u>995,530</u>	<u>3,351,327</u>		
Group: COMPUTER EQUIPMENT													
786		IPAD #12 (INFANTS)	8/12/15	438	0c		0	0	88	88	350	200DB	5.0
787		IPAD #13 (2'S)	8/12/15	438	0c		0	0	88	88	350	200DB	5.0
788		IPAD #14 (TODDLERS)	8/12/15	438	0c		0	0	88	88	350	200DB	5.0
789		IPAD #15 (PS)	8/12/15	438	0c		0	0	88	88	350	200DB	5.0
829		ASUS UX3xx SERIES ZENBROOK	12/02/15	1,526	0c		0	0	305	305	1,221	200DB	5.0
830		DELL USB TRIPLE DISPLAY	12/02/15	185	0c		0	0	37	37	148	200DB	5.0
841		ASUS UX3xx ZENBROOK 13" ZE	5/05/16	1,526	0c		0	0	305	305	1,221	200DB	5.0
842		DELL USB 3.0 TRIPLE DISPLAY	5/05/16	185	0c		0	0	37	37	148	200DB	5.0
COMPUTER EQUIPMENT				<u>5,174</u>	<u>0c</u>		<u>0</u>	<u>0</u>	<u>1,036</u>	<u>1,036</u>	<u>4,138</u>		
Group: Furniture and Fixtures													
1		LAMINATOR	12/06/99	1,681	0		0	1,681	0	1,681	0	S/L	5.00
2		TEMPLATE SHAPE CUTTER	9/09/03	1,086	0		0	1,086	0	1,086	0	S/L	7.00
5		Speaker System	6/05/06	2,282	0		0	2,282	0	2,282	0	S/L	5.00
11		CONFERENCE PHONE	10/12/07	850	0		0	850	0	850	0	S/L	5.00
12		MAIL SYSTEM	10/12/07	1,126	0		0	1,126	0	1,126	0	S/L	5.00
13		FURNITURE AND FIXTURES	10/12/07	247,617	0		0	247,617	0	247,617	0	S/L	7.00
17		FURNITURE AND FIXTURES-1	10/12/07	78,062	0		0	78,062	0	78,062	0	S/L	7.00
19		ECE CUBBIES	8/18/08	1,074	0		0	1,047	27	1,074	0	S/L	7.00
20		FLOOR MATS	9/12/08	766	0		0	746	20	766	0	S/L	7.00
21		2 TABLES & 8 CHAIRS	10/01/08	2,428	0		0	2,342	86	2,428	0	S/L	7.00
22		INFANT ROOM DIVIDER	12/12/08	318	0		0	298	20	318	0	S/L	7.00
23		LOGO MAT	12/23/08	428	0		0	397	31	428	0	S/L	7.00
24		BOOKCASE	1/01/09	630	0		0	585	45	630	0	S/L	7.00
25		CHAIR CART	1/01/09	304	0		0	281	23	304	0	S/L	7.00
26		ECE TABLES	4/01/09	370	0		0	331	39	370	0	S/L	7.00
36		6'X15' HEAVY DUTY MAT	12/09/09	761	0		0	607	109	716	45	S/L	7.00
37		EHS START UP FURNITURE	4/16/10	1,495	0		0	1,105	213	1,318	177	S/L	7.00
38		4 AMERICANA CHAIRS	5/19/10	852	0		0	619	122	741	111	S/L	7.00
39		36X36 TABLE	5/19/10	563	0		0	408	81	489	74	S/L	7.00
46		ACCESSORIES SHELF	9/22/10	103	0		0	70	15	85	18	S/L	7.00
47		ROUND TABLE	9/22/10	203	0		0	138	29	167	36	S/L	7.00

Asset	d t	Property Description	Date In Service	CA Cost	CA Sec 179 Exp	c	CA Bonus Amt	CA Prior Depreciation	CA Current Depreciation	CA End Depr	CA Net Book Value	CA Method	CA Period
Activity: Form 990, Page 1 Group: Furniture and Fixtures (continued)													
48		SMALL TURQUOISE TABLE	9/22/10	329		0	0	223	47	270	59	S/L	7.00
49		TIME CLOCK SYSTEM/PYRAMI	11/01/10	439		0	0	410	29	439	0	S/L	5.00
51		18 BLUE/RED TODDLER SAND	1/06/11	275		0	0	177	39	216	59	S/L	7.00
52		RED SAND/WATER ACT CENTE	1/06/11	282		0	0	181	40	221	61	S/L	7.00
53		FAUCETS FOR KITCHEN	3/16/11	438		0	0	267	62	329	109	S/L	7.00
54		DISHWASHER-NUTRITN KITCH	3/31/11	916		0	0	779	137	916	0	S/L	5.00
55		INSTALL 2 SINK/FAUCETS/DI	4/20/11	225		0	0	133	33	166	59	S/L	7.00
56		F24, LOW STORAGE UNIT PK	5/19/11	401		0	0	234	57	291	110	S/L	7.00
57		TABLE & CHAIR FOR PSCHOOL	5/20/11	407		0	0	237	59	296	111	S/L	7.00
58		ID#647 BLACK THINK CHAIR	6/13/11	722		0	0	421	104	525	197	S/L	7.00
59		ID#648 LYRIC QUEST CHAIR	6/13/11	583		0	0	340	83	423	160	S/L	7.00
60		ID#649 COMPUTR CORNR DESK	6/13/11	991		0	0	579	141	720	271	S/L	7.00
71		FURNITURE AND FIXTURES	2/28/12	4,844		0	0	2,307	692	2,999	1,845	S/L	7.00
75		EPSON DUET 80" PROJECTION !	1/28/13	174		0	0	60	25	85	89	S/L	7.00
76		KENSINGTON WIRELESS PRESI	1/28/13	88		0	0	30	13	43	45	S/L	7.00
77		GE WASHER	2/26/13	794		0	0	265	113	378	416	S/L	7.00
78		2 EZ up Canopies	3/12/13	434		0	0	145	62	207	227	S/L	7.00
95		WOODEN CHAIR FOR SOCIAL F	9/06/13	186		0	0	34	43	77	109	200DB	7.0
96		WOODEN CHAIR FOR SOCIAL F	9/06/13	186		0	0	34	43	77	109	200DB	7.0
97		WOODEN CHAIR FO SOCIAL KI	9/06/13	186		0	0	34	43	77	109	200DB	7.0
98		WOODEN CHAIR FOR SOCIAL F	9/06/13	186		0	0	34	43	77	109	200DB	7.0
99		WOODEN CHAIR FOR SOCIAL F	9/06/13	186		0	0	34	43	77	109	200DB	7.0
100		WOODEN CHAIR FOR SOCIAL F	9/06/13	186		0	0	34	43	77	109	200DB	7.0
101		J712 WOODCREST CHAIRS #701	9/23/13	107		0	0	16	26	42	65	200DB	7.0
102		J712 WOODCREST CHAIR #702	9/23/13	107		0	0	19	25	44	63	200DB	7.0
103		J712 WOODCREST CHAIRS #703	9/23/13	107		0	0	19	25	44	63	200DB	7.0
104		J712 WOODCREST CHAIRS #704	9/23/13	107		0	0	19	25	44	63	200DB	7.0
105		KEURIG COFFEE SYSTEM #711	10/08/13	142		0	0	25	33	58	84	200DB	7.0
125		4' X 32" TOTE SHELF (F697)	2/26/14	583		0	0	78	202	280	303	200DB	5.0
126		F890 CLEAR DEEP TOTES	2/26/14	227		0	0	30	56	86	141	200DB	7.0
142		OUTLAST 18" PROJECT TABLE	5/27/14	1,101		0	0	119	281	400	701	200DB	7.0
143		BLACK UTILITY CART FOR PL/	6/27/14	158		0	0	16	40	56	102	200DB	7.0
144		XEROX COLOR COPIER	6/27/14	10,895		0	0	1,089	2,802	3,891	7,004	200DB	7.0
151		DISHWASHER	10/12/07	899		0	0	899	0	899	0	S/L	7.00
755		30" ROUND TABLE & CHAIRS S	8/14/14	326		0	0	30	85	115	211	200DB	7.0
756		DRESS UP UNIT W/ MIRROR	9/18/14	175		0	0	13	47	60	115	200DB	7.0
790		J710 WOODCREST CHAIRS	8/14/15	97		0c	0	0	14	14	83	200DB	7.0
791		J710 WOODCREST CHAIRS	8/14/15	97		0c	0	0	14	14	83	200DB	7.0
792		J710 WOODCREST CHAIRS	8/14/15	97		0c	0	0	14	14	83	200DB	7.0
793		J710 WOODCREST CHAIRS	8/14/15	97		0c	0	0	14	14	83	200DB	7.0
794		J710 WOODCREST CHAIRS	8/14/15	97		0c	0	0	14	14	83	200DB	7.0
795		J710 WOODCREST CHAIRS	8/14/15	97		0c	0	0	14	14	83	200DB	7.0
796		J506 ME-DO-IT CHAIR 6.5"	8/14/15	97		0c	0	0	14	14	83	200DB	7.0
797		Sails for playground	7/21/15	4,700		0c	0	0	671	671	4,029	200DB	7.0
798		9x8 COVER FOR SLIDE	7/21/15	3,512		0c	0	0	502	502	3,010	200DB	7.0
799		ME-DO-IT CHAIR	1/20/15	70		0	0	3	19	22	48	200DB	7.0
800		HUTCH BOOK CASE	8/21/14	369		0	0	31	96	127	242	200DB	7.0
801		STACK CHAIR	3/06/15	88		0	0	3	24	27	61	200DB	7.0
802		STACK CHAIR	3/06/15	88		0	0	3	24	27	61	200DB	7.0

Asset	d t	Property Description	Date In Service	CA Cost	CA Sec 179 Exp	c	CA Bonus Amt	CA Prior Depreciation	CA Current Depreciation	CA End Depr	CA Net Book Value	CA Method	CA Period
Activity: Form 990, Page 1 Group: Furniture and Fixtures (continued)													
803		STACK CHAIR	3/06/15	88	0		0	3	24	27	61	200DB	7.0
804		STACK CHAIR	3/06/15	88	0		0	3	24	27	61	200DB	7.0
805		STACK CHAIR	3/06/15	88	0		0	3	24	27	61	200DB	7.0
806		STACK CHAIR	3/06/15	88	0		0	3	24	27	61	200DB	7.0
807		STACK CHAIR	3/06/15	88	0		0	3	24	27	61	200DB	7.0
808		STACK CHAIR	3/06/15	88	0		0	3	24	27	61	200DB	7.0
809		STACK CHAIR	3/06/15	88	0		0	3	24	27	61	200DB	7.0
810		STACK CHAIR	3/06/15	88	0		0	3	24	27	61	200DB	7.0
823		COMMEMORATIVE BENCH - LI	7/22/14	2,848	0		0	261	739	1,000	1,848	200DB	7.0
825		MULTI-STORAGE UNIT	8/25/14	514	0		0	43	135	178	336	200DB	7.0
826		OUTLAST STORAGE BENCH	1/13/15	730	0		0	37	198	235	495	200DB	7.0
827		OUTDOOR TABLE FOR TODDLI	3/19/15	97	0		0	2	27	29	68	200DB	7.0
828		WINDOW BLINDS	1/27/15	1,141	0		0	48	312	360	781	200DB	7.0
837		OUTLAST BENCH 10"	4/15/16	207	0c		0	0	30	30	177	200DB	7.0
840		LAMINATOR CSL2700	4/22/16	1,063	0c		0	0	213	213	850	200DB	5.0
Furniture and Fixtures				388,201	0c		0	351,497	9,781	361,278	26,923		
Group: Improvements													
27		TODDLER AWNING	9/02/08	6,095	0		0	5,710	385	6,095	0	S/L	7.00
28		SECURITY ENCLOSURE	8/05/08	1,067	0		0	1,053	14	1,067	0	S/L	7.00
29		TODDLER STORAGE SHED	9/05/08	2,610	0		0	2,549	61	2,610	0	S/L	7.00
30		REAR AWNING	9/30/08	2,624	0		0	2,531	93	2,624	0	S/L	7.00
72		LEASEHOLD IMPROVEMENTS	11/25/11	10,855	0		0	5,557	1,551	7,108	3,747	S/L	7.00
80		Leasehold Improvements	10/17/12	3,075	0		0	1,171	440	1,611	1,464	S/L	7.00
81		Leasehold Improvements	12/10/12	10,763	0		0	3,972	1,538	5,510	5,253	S/L	7.00
82		Leasehold Improvements	12/26/12	9,500	0		0	3,393	1,357	4,750	4,750	S/L	7.00
83		LEASEHOLD IMPROVEMENTS	1/17/13	11,363	0		0	3,923	1,623	5,546	5,817	S/L	7.00
84		LEASEHOLD IMPROVEMENTS	3/11/13	10,875	0		0	3,625	1,554	5,179	5,696	S/L	7.00
85		LEASEHOLD IMPROVEMENTS	3/27/13	9,525	0		0	3,062	1,360	4,422	5,103	S/L	7.00
86		LEASEHOLD IMPROVEMENTS	3/29/13	339	0		0	109	48	157	182	S/L	7.00
133		MOTORIZED RETRACTABLE A'	5/16/14	3,650	0		0	99	94	193	3,457	S/L	39.0
134		MOTORIZED RETRACTABLE A'	5/16/14	3,650	0		0	99	94	193	3,457	S/L	39.0
150		MOTORIZED RATRACTABLE A	5/16/14	3,650	0		0	99	94	193	3,457	S/L	39.0
Improvements				89,641	0c		0	36,952	10,306	47,258	42,383		
Group: Land													
9		FairOaks Land	3/20/06	1,825,000	0		0	0	0	0	1,825,000	Land	0.00
Land				1,825,000	0c		0	0	0	0	1,825,000		
Group: Machinery and Equipment													
3		LCD PROJECTER	9/24/03	1,721	0		0	1,721	0	1,721	0	S/L	5.00
4		LAPTOP COMPUTER FOR PROJ	9/24/03	1,082	0		0	1,082	0	1,082	0	S/L	5.00
6		Laptop	6/27/06	1,266	0		0	1,266	0	1,266	0	S/L	5.00
7		Laptop	6/27/06	1,266	0		0	1,266	0	1,266	0	S/L	5.00
16		COMPUTERS	10/12/07	15,349	0		0	15,349	0	15,349	0	S/L	5.00
18		PHOTOVOLTIC SOLAR SYSTEM	10/12/07	104,718	0		0	104,718	0	104,718	0	S/L	5.00
40		ACER SLIM PC	7/29/09	926	0		0	926	0	926	0	S/L	5.00

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Activity: Form 990, Page 1 Group: Machinery and Equipment (continued)													
41		19 LSC MONITOR	7/29/09	227	0		0	227	0	227	0	S/L	5.00
42		HP M8530F DESKTOP MODIFIE	1/01/10	1,317	0		0	1,317	0	1,317	0	S/L	5.00
44		22 HYUNDAI MONITOR	6/02/10	219	0		0	219	0	219	0	S/L	5.00
45		GATEWAY LAPTOP FOR JASON	6/14/10	900	0		0	900	0	900	0	S/L	5.00
61	d	COMPUTER FOR DEV ASSOCIA'	7/23/10	1,138	0		0	1,120	18	1,138	0	S/L	5.00
62		LENOVO TAPTOP FOR TEACHR	11/01/10	224	0		0	209	15	224	0	S/L	5.00
63		AMD ATHLON X2 LAPTOP	11/01/10	868	0		0	811	57	868	0	S/L	5.00
64		DELL XPS DESKTOP-LIBRARY	11/01/10	488	0		0	456	32	488	0	S/L	5.00
65		ULTRA MOBILE DLP PROJECTR	1/11/11	991	0		0	892	99	991	0	S/L	5.00
66		ID#641 CANON CAMCORDER	1/11/11	588	0		0	530	58	588	0	S/L	5.00
67		ID#638 ACER DESKTOP PC	1/12/11	800	0		0	720	80	800	0	S/L	5.00
68		ID#639 HP20 LD MONITOR	1/12/11	252	0		0	226	26	252	0	S/L	5.00
69		MICROPHONE-VIDEO CAMERA	5/25/11	149	0		0	121	28	149	0	S/L	5.00
70		ID#646 GATEWAY NOTEBOOK	5/31/11	948	0		0	775	173	948	0	S/L	5.00
73		COMPUTER EQUIPMENT	7/20/11	9,030	0		0	7,073	1,807	8,880	150	S/L	5.00
74		SOLAR PANELS	10/03/11	66,257	0		0	49,693	13,252	62,945	3,312	S/L	5.00
87		23" IPS LED MONITOR	10/03/12	282	0		0	155	57	212	70	S/L	5.00
88		SERVER UPGRADE-FIJITSU PRI	1/31/13	924	0		0	447	184	631	293	S/L	5.00
89		SAMSUN ITB SATA HARD DRIV	1/31/13	609	0		0	294	122	416	193	S/L	5.00
90		TP-LINK 24-PORT GIGABIT SWI	1/31/13	522	0		0	252	105	357	165	S/L	5.00
91		TP-LINK ROUTER	1/31/13	239	0		0	116	47	163	76	S/L	5.00
92		HP PAVILION DESKTOP	1/31/13	892	0		0	431	179	610	282	S/L	5.00
93		BROTHER PRINTER	2/19/13	142	0		0	66	29	95	47	S/L	5.00
94		LOGITEC KEYBOARD	2/19/13	98	0		0	46	19	65	33	S/L	5.00
106		KEYBOARD TRAY SYSTEM #71	11/13/13	277	0		0	46	92	138	139	200DB	5.0
107		IPAD#3- DONATION #737	12/17/13	500	0		0	75	170	245	255	200DB	5.0
108		IPAD#1 - DONATION	12/17/13	500	0		0	75	121	196	304	200DB	7.0
109		IPAD#2 - DONATIONS	12/17/13	500	0		0	75	170	245	255	200DB	5.0
110		IPAD#4 - DONATION	12/17/13	500	0		0	78	169	247	253	200DB	5.0
111		IPAD#5 - DONATION	12/17/13	500	0		0	75	170	245	255	200DB	5.0
112		HP ELITE DESKTOP PC #744	1/16/14	763	0		0	108	262	370	393	200DB	5.0
113		WIFI FOR ECE AREA	1/16/14	543	0		0	77	186	263	280	200DB	5.0
114		IPAD AIR#6 FOR ED USE	2/19/14	549	0		0	73	190	263	286	200DB	5.0
115		CAMERA NIKON COOLPIX, SIL'	2/11/14	162	0		0	23	56	79	83	200DB	5.0
116		CAMERA NIKON COOLPIX, BLA'	2/11/14	156	0		0	22	54	76	80	200DB	5.0
117		CAMERA NIKON COOLPIX, REI'	2/11/14	157	0		0	22	54	76	81	200DB	5.0
118		CAMERA NIKON COOLPIX, ORA'	2/11/14	156	0		0	22	54	76	80	200DB	5.0
119		SONY CYBER-SHOT DSCRX100	2/11/14	466	0		0	66	160	226	240	200DB	5.0
120		IPAD AIR#7 FOR DIR EDUCATIC	2/18/14	547	0		0	73	190	263	284	200DB	5.0
121		IPAD AIR#8 FOR DIR OF PROGR	2/18/14	547	0		0	73	190	263	284	200DB	5.0
122		IPAD AIR#9 (INF)	2/18/14	547	0		0	73	190	263	284	200DB	5.0
123		IPAD AIR#10 (2'S)	2/18/14	547	0		0	73	190	263	284	200DB	5.0
124		IPAD AIR#11 (TODDLERS)	2/18/14	547	0		0	73	190	263	284	200DB	5.0
127		PLASTIC ART CABINET	3/01/14	120	0		0	16	30	46	74	200DB	7.0
128		STORAGE CABINET FOR ART S	3/31/14	283	0		0	35	99	134	149	200DB	5.0
129		SINGLE WELL SAND AND WET	4/02/14	338	0		0	42	85	127	211	200DB	7.0
130		GE 24" BUILT-IN DISHWASHER	4/10/14	756	0		0	94	189	283	473	200DB	7.0
131		LOGITECH KEYBOARD	4/10/14	132	0		0	17	46	63	69	200DB	5.0
132		HP LASER COLOR PRINTER	4/22/14	519	0		0	61	183	244	275	200DB	5.0

Asset	d t	Property Description	Date In Service	CA Cost	CA Sec 179 Exp	c	CA Bonus Amt	CA Prior Depreciation	CA Current Depreciation	CA End Depr	CA Net Book Value	CA Method	CA Period
Activity: Form 990, Page 1 Group: Machinery and Equipment (continued)													
135		SAMSUNG SYNCMASTER 940B	5/22/14	158	0		0	17	56	73	85	200DB	5.0
136		SAMSUNG SYNCMASTER 940B	5/22/14	158	0		0	17	56	73	85	200DB	5.0
137		SAMSUNG SYNCMASTER 940B	5/22/14	158	0		0	17	56	73	85	200DB	5.0
138		SAMSUNG SYNCMASTER 940B	5/22/14	158	0		0	17	56	73	85	200DB	5.0
139		SAMSUNG SYNCMASTER 940B	5/22/14	158	0		0	17	56	73	85	200DB	5.0
140		SAMSUNG SYNCMASTER 940B	5/22/14	158	0		0	17	56	73	85	200DB	5.0
141		OUTLAST STORAGE BENCH WI	5/27/14	676	0		0	73	172	245	431	200DB	7.0
148		COMPUTER EQUIPMENT 2	7/20/11	800	0		627	160	787	13	S/L		5.00
738		LED TABLET	8/07/14	153	0		0	14	55	69	84	200DB	5.0
739		LED TABLET	8/07/14	153	0		0	14	55	69	84	200DB	5.0
740		LED TABLET	8/07/14	153	0		0	14	55	69	84	200DB	5.0
741		LED TABLET	8/07/14	153	0		0	14	55	69	84	200DB	5.0
763		Lenovo IdeaCentre V3 Computer	7/15/14	817	0		0	82	294	376	441	200DB	5.0
775		APPLE MACBOOK AIR 13"	12/15/14	1,417	0		0	83	534	617	800	200DB	5.0
776		HP PRO DESKTOP COMPUTER	1/13/15	708	0		0	35	269	304	404	200DB	5.0
777		HP 23" MONITOR	1/13/15	207	0		0	10	79	89	118	200DB	5.0
778		BOSE SOUNDLINK SPEAKER	1/15/15	141	0		0	7	53	60	81	200DB	5.0
779		NORTEL CORDLESS PHONE SY.	1/30/15	599	0		0	25	230	255	344	200DB	5.0
780		SAMSUNG 19" MONITOR	1/30/15	97	0		0	4	37	41	56	200DB	5.0
781		SAMSUNG 19" MONITOR	1/30/15	97	0		0	4	37	41	56	200DB	5.0
782		SAMSUNG 19" MONITOR	1/30/15	97	0		0	4	37	41	56	200DB	5.0
783		SAMSUNG 19" MONITOR	1/30/15	97	0		0	4	37	41	56	200DB	5.0
784		IPAD AIR	3/05/15	547	0		0	18	212	230	317	200DB	5.0
785		PRO TEAM SUPER COACHVAC	6/03/15	441	0		0	4	125	129	312	200DB	7.0
812		FLIR 8 CHANNEL HARD DRIVE	3/30/15	707	0		0	18	276	294	413	200DB	5.0
813		SYNNEX PIN HOLE CAMERA	3/30/15	65	0		0	2	18	20	45	200DB	7.0
814		SYNNEX PIN HOLE CAMERA	3/30/15	65	0		0	2	18	20	45	200DB	7.0
815		SYNNEX OUTDOOR CAMERA	3/30/15	163	0		0	4	46	50	113	200DB	7.0
816		SYNNEX OUTDOOR CAMERA	3/30/15	163	0		0	4	46	50	113	200DB	7.0
817		SYNNEX OUTDOOR CAMERA	3/30/15	163	0		0	4	46	50	113	200DB	7.0
818		SYNNEX OUTDOOR CAMERA	3/30/15	163	0		0	4	46	50	113	200DB	7.0
819		SYNNEX OUTDOOR DOME CAM	3/30/15	87	0		0	2	24	26	61	200DB	7.0
820		SAMSUNG 32" HDTV	3/30/15	436	0		0	11	121	132	304	200DB	7.0
821		SAMSUNG 28" HDTV	3/30/15	240	0		0	6	67	73	167	200DB	7.0
822		JDMI BALUM KIT	3/30/15	327	0		0	8	91	99	228	200DB	7.0
833		12" ANGELES SILVERRIDE TRI	1/25/16	193	0c		0	0	39	39	154	200DB	5.0
834		12" ANGELES SILVERRIDE	1/25/16	193	0c		0	0	39	39	154	200DB	5.0
835		10" ANGELES SILBERRIDE TRI	1/25/16	182	0c		0	0	36	36	146	200DB	5.0
836		10" ANGELES SILVERRIDE TRI	1/25/16	182	0c		0	0	36	36	146	200DB	5.0
838		ANGELES SILVERRIDE RICKSH	1/25/16	367	0c		0	0	73	73	294	200DB	5.0
839		APPLIANCE	4/08/16	184	0c		0	0	37	37	147	200DB	5.0
Machinery and Equipment				237,225	0c		0	196,094	23,768	219,862	17,363		
*Less: Dispositions and Transfers				1,138	0		0	1,120	0	1,138	0		
Net Machinery and Equipment				<u>236,087</u>	<u>0c</u>		<u>0</u>	<u>194,974</u>	<u>23,768</u>	<u>218,724</u>	<u>17,363</u>		

CA Asset Detail 7/01/15 - 6/30/16

FYE: 6/30/2016

Asset	d t	Property Description	Date In Service	CA Cost	CA Sec 179 Exp	c	CA Bonus Amt	CA Prior Depreciation	CA Current Depreciation	CA End Depr	CA Net Book Value	CA Method	CA Period
Activity: Form 990, Page 1 (continued)													
Group: Software													
14		FUNDRAISING SOFTWARE	8/30/07	9,361	0		0	9,361	0	9,361	0	S/L	3.00
31		MS OFFICE UPGRADE	6/21/09	675	0		0	675	0	675	0	S/L	5.00
831		MICROSOFT OFFICE 2013	12/02/15	164	0c		0	0	32	32	132	Amort	3.00
832		MICROSOFT WINDOWS 10 PRO	12/02/15	108	0c		0	0	21	21	87	Amort	3.00
Software				10,308	0c		0	10,036	53	10,089	219		
Form 990, Page 1				6,942,079	0c		0	1,518,325	156,401	1,674,726	5,267,353		
*Less: Dispositions and Transfers				1,138	0		0	1,120	0	1,138	0		
Net Form 990, Page 1				6,940,941	0c		0	1,517,205	156,401	1,673,588	5,267,353		
Grand Total				6,942,079	0c		0	1,518,325	156,401	1,674,726	5,267,353		
Less: Dispositions and Transfers				1,138	0		0	1,120	0	1,138	0		
Net Grand Total				6,940,941	0c		0	1,517,205	156,401	1,673,588	5,267,353		
Other Assets				6,942,079	0c		0	1,518,325	156,401	1,674,726	5,267,353		
Less: Dispositions and Transfers				1,138	0		0	1,120	18	1,138	0		
Net Other Assets				6,940,941	0c		0	1,517,205	156,383	1,673,588	5,267,353		

Form 990	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning 07/01/15 , ending 06/30/16		

Name

Taxpayer Identification Number

MOTHERS' CLUB FAMILY LEARNING CENTER**23-7275324**

		2014	2015	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 903,995	1,043,846	139,851
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 550,525	550,275	-250
	4. Program service revenue	4.		
	5. Investment income	5. 64,856	68,490	3,634
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 53,886	56,767	2,881
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 1,573,262	1,719,378	146,116
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 128,000	130,000	2,000
	16. Salaries, other compensation, and employee benefits	16. 1,068,188	1,113,673	45,485
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 43,307	35,791	-7,516
	19. Occupancy, rent, utilities, and maintenance	19. 26,235	24,654	-1,581
	20. Depreciation and Depletion	20. 168,802	156,399	-12,403
	21. Other expenses	21. 302,356	304,901	2,545
	22. Total expenses. Add lines 13 through 21	22. 1,736,888	1,765,418	28,530
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -163,626	-46,040	117,586
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 1,573,262	1,719,378	146,116
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 118,742	125,257	6,515
	27. Total assets	27. 7,287,671	7,100,804	-186,867
	28. Total liabilities	28. 52,954	48,688	-4,266
	29. Retained earnings	29. 7,234,717	7,052,116	-182,601
	30. Number of voting members of governing body	30. 23	22	
	31. Number of independent voting members of governing body	31. 23	22	
	32. Number of employees	32. 34	37	
	33. Number of volunteers	33. 400	400	

Form 990	Tax Return History	2015
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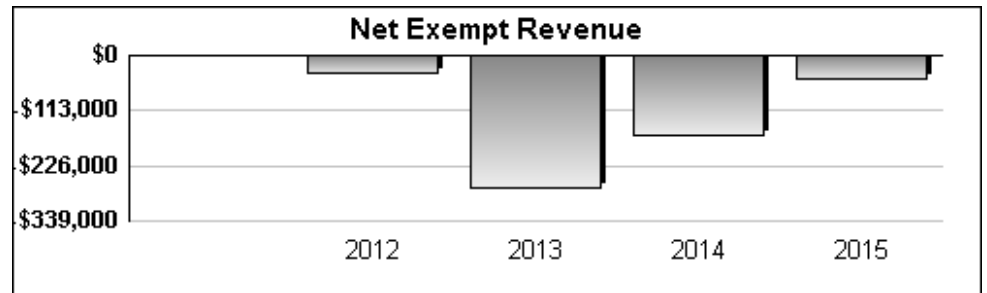
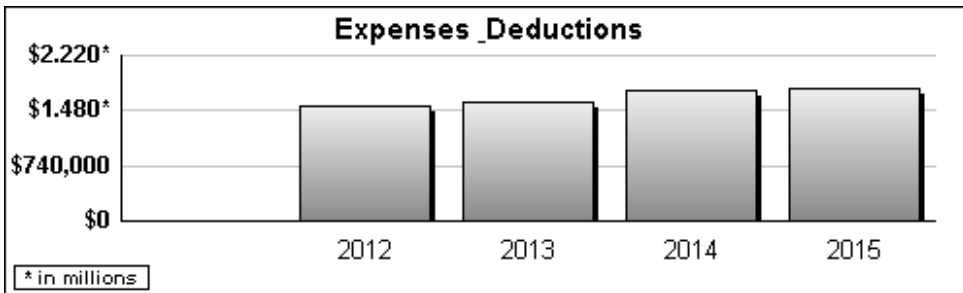
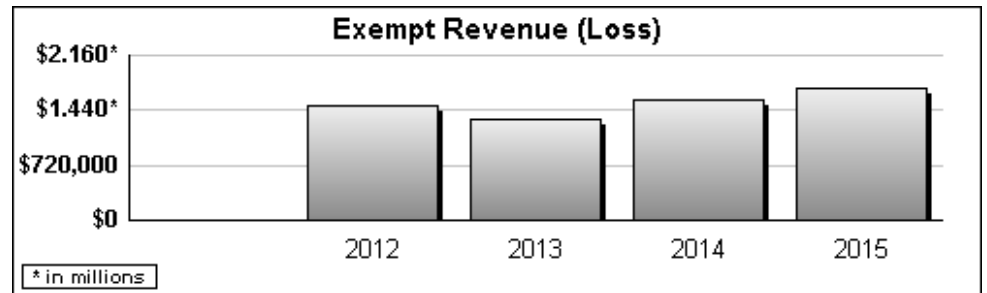
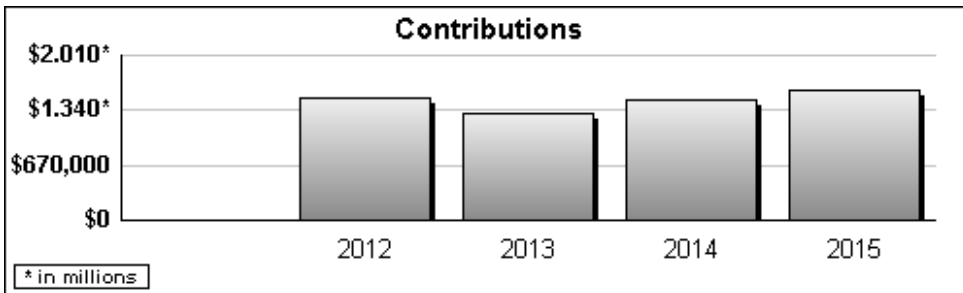
Name	MOTHERS' CLUB FAMILY LEARNING CENTER	Employer Identification Number 23-7275324
------	---	---

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		1,492,934	1,306,765	1,454,520	1,594,121	
Membership dues						
Program service revenue						
Capital gain or loss		15	-1,699	53,886	56,767	
Investment income		15,144	25,005	64,856	68,490	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		1,508,093	1,330,071	1,573,262	1,719,378	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		120,120		128,000	130,000	
Other compensation		879,603	1,077,146	1,068,188	1,113,673	
Professional fees			59,412	43,307	35,791	
Occupancy costs		20,832	21,728	26,235	24,654	
Depreciation and depletion		197,201	193,436	168,802	156,399	
Other expenses		324,304	249,093	302,356	304,901	
Total expenses		1,542,060	1,600,815	1,736,888	1,765,418	
Excess or (Deficit)		-33,967	-270,744	-163,626	-46,040	
Total exempt revenue		1,508,093	1,330,071	1,573,262	1,719,378	
Total unrelated revenue						
Total excludable revenue		1,508,093	23,306	118,742	125,257	
Total Assets		7,676,478	7,532,245	7,287,671	7,100,804	
Total Liabilities		52,875	57,456	52,954	48,688	
Net Fund Balances		7,623,497	7,474,789	7,234,717	7,052,116	

Form 990T	Tax Return History	2015
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Name MOTHERS' CLUB FAMILY LEARNING CENTER	Employer Identification Number 23-7275324
--	---

	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

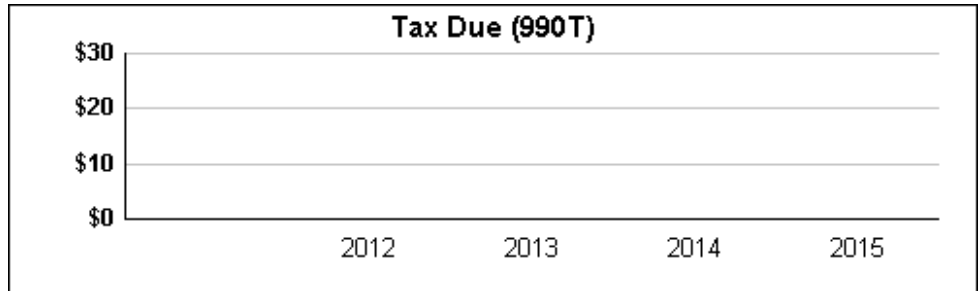
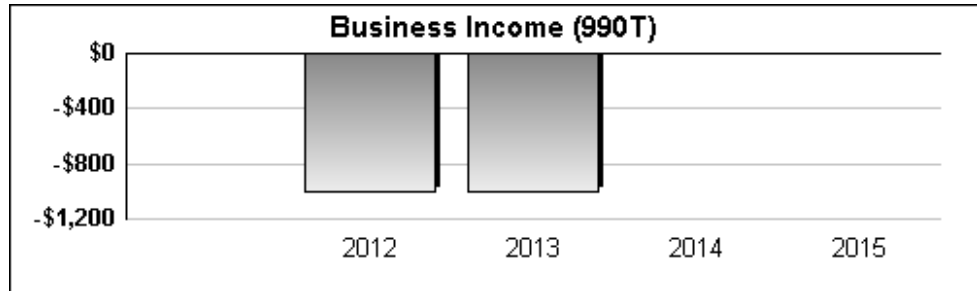
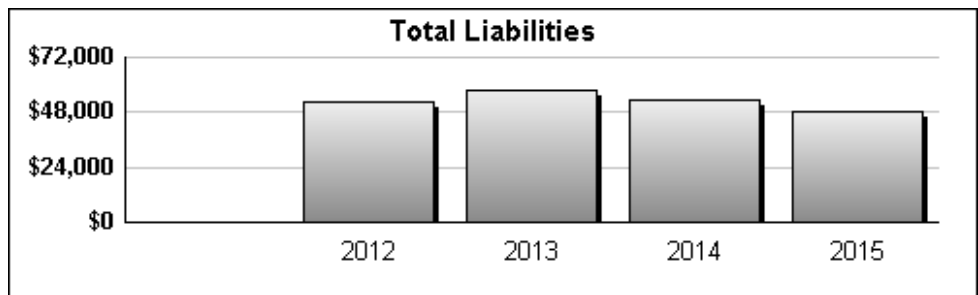
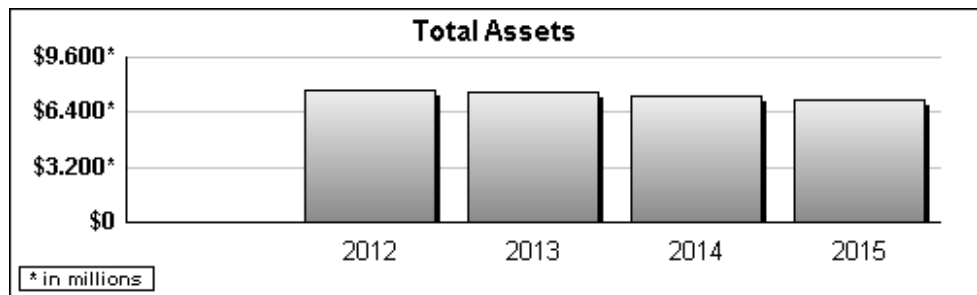


Form 990T	Tax Return History	2015
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Name MOTHERS' CLUB FAMILY LEARNING CENTER	Employer Identification Number 23-7275324
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	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
Income after expense and deductions		-1,000	-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TAXABLE DIVIDENDS	\$ 68,490				14	
TOTAL	<u>\$ 68,490</u>					

23-7275324

Federal Statements

FYE: 6/30/2016

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
INSURANCE	\$ 29,700	\$ 26,819	\$ 2,881	\$
CHILDREN'S PROGRAM	28,742	28,699	43	
STAFF DEVELOPMENT	17,858	10,826	6,768	264
TELEPHONE	14,417	12,975	1,442	
OFFICE SUPPLIES	14,353	2,386	6,607	5,360
PUBLIC RELATIONS	13,202	1,912	3,559	7,731
NEWSLETTER	6,940			6,940
PROPERTY TAX	2,554		2,554	
TOTAL	<u>\$ 127,766</u>	<u>\$ 83,617</u>	<u>\$ 23,854</u>	<u>\$ 20,295</u>

23-7275324

Federal Statements

FYE: 6/30/2016

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER CONTRIBUTIONS	\$ 352,214
ANGELL FOUNDATION	
CASH CONTRIBUTION	100,000
CDBG CITY OF PASADENA	
CASH CONTRIBUTION	20,850
CHILD NUTRITION SERVICES - CDE	
CASH CONTRIBUTION	94,122
THE SCHOW FOUNDATION	
CASH CONTRIBUTION	100,000
EARLY HEAD START	
CASH CONTRIBUTION	283,697
LOS ANGELES UNIVERSAL PRESCHOOL	
CASH CONTRIBUTION	151,606
THE RALPH M. PARSON FOUNDATION	
CASH CONTRIBUTION	50,000
DEUTSCH FOUNDATION	
CASH CONTRIBUTION	60,000
LOS ANGELES TIMES FAMILY FUND	
CASH CONTRIBUTION	65,000
TIKUN OLAM FOUNDATION	
CASH CONTRIBUTION	40,000
THE RIORDAN FOUNDATION	
CASH CONTRIBUTION	50,000
WEINGART FOUNDATON	
CASH CONTRIBUTION	125,000
FUNDRAISING DINER	
CASH CONTRIBUTION	101,632
TOTAL	<u>\$ 1,594,121</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
TAXABLE DIVIDENDS	\$ 68,490
TOTAL	\$ <u>68,490</u>

Schedule A, Part II, Line 12

Description	Amount
FUNDRAISING DINER	\$ 22,076
TOTAL	\$ <u>22,076</u>

Federal Statements**Accrued payables**

<u>Description</u>	<u>Amount</u>
	\$ <u>14,339</u>
TOTAL	\$ <u><u>14,339</u></u>

FUNDRAISING DINER**Cash contributions**

<u>Description</u>	<u>Amount</u>
	\$ <u>101,632</u>
TOTAL	\$ <u><u>101,632</u></u>

Form 199 Return Summary

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

**MOTHERS' CLUB FAMILY LEARNING
CENTER**

23-7275324

Gross sales / receipts	426,818	
Dues from members		
Contributions / grants	1,594,121	
Total costs	279,485	
Expenses	1,787,496	
Excess / (deficit)		-46,042

Filing fee	
Total payments	
Penalties and interest	
Use tax	

Balance due _____

Refund _____

Balance Sheet			
	Beginning	Ending	Differences
Assets	7,287,779	7,100,804	
Liabilities	52,950	48,694	
Net assets	7,234,829	7,052,110	-182,719

Miscellaneous Information

Amended return

Return / extended due date **06/15/17**

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>79921</u> MOTHERS' CLUB FAMILY LEARNING Name of Organization <u>980 NORTH FAIR OAKS AVENUE</u> Address (Number and Street) <u>PASADENA CA 91103</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0678864</u> Federal Employer I.D. No. <u>23-7275324</u>																					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Less than \$25,000</td> <td>0</td> </tr> <tr> <td>Between \$25,000 and \$100,000</td> <td>\$25</td> </tr> </tbody> </table>	Gross Annual Revenue	Fee	Less than \$25,000	0	Between \$25,000 and \$100,000	\$25	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Between \$100,001 and \$250,000</td> <td>\$50</td> </tr> <tr> <td>Between \$250,001 and \$1 million</td> <td>\$75</td> </tr> </tbody> </table>	Gross Annual Revenue	Fee	Between \$100,001 and \$250,000	\$50	Between \$250,001 and \$1 million	\$75	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Between \$1,000,001 and \$10 million</td> <td>\$150</td> </tr> <tr> <td>Between \$10,000,001 and \$50 million</td> <td>\$225</td> </tr> <tr> <td>Greater than \$50 million</td> <td>\$300</td> </tr> </tbody> </table>	Gross Annual Revenue	Fee	Between \$1,000,001 and \$10 million	\$150	Between \$10,000,001 and \$50 million	\$225	Greater than \$50 million	\$300
Gross Annual Revenue	Fee																					
Less than \$25,000	0																					
Between \$25,000 and \$100,000	\$25																					
Gross Annual Revenue	Fee																					
Between \$100,001 and \$250,000	\$50																					
Between \$250,001 and \$1 million	\$75																					
Gross Annual Revenue	Fee																					
Between \$1,000,001 and \$10 million	\$150																					
Between \$10,000,001 and \$50 million	\$225																					
Greater than \$50 million	\$300																					
PART A - ACTIVITIES For your most recent full accounting period (beginning <u>07/01/15</u> ending <u>06/30/16</u>) list: Gross annual revenue \$ <u>1,719,378</u> Total assets \$ <u>7,100,804</u>																						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT																						
Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.																						
	Yes	No																				
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X																				
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop. or funds?		X																				
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X																				
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X																				
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X																				
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. STMT 1	X																					
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X																				
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X																				
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X																					
Organization's area code and telephone number <u>626-792-2687</u>																						
Organization's e-mail address <u>INFO@MOTHERSCLUB.ORG</u>																						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.																						
<u>HECTOR LAFARGA</u> Signature of authorized officer	<u>EXECUTIVE DIRECTOR</u> Printed Name	 Title																				
		 Date																				

Statement 1 - Form RRF-1, Part B, Line 6 - Governmental FundingDescription

PACIFIC CLINICS HEAD START/EARLY HEAD START

ATTN: LUIZA BALYAN-RODRIGUEZ

2500 E. FOOTHILL BLVD., STE 403

PASADENA, CA 91107

(818)949-0019

LOS ANGELES UNIVERSAL PRESCHOOL

ATTN: LYDIA GAY

888 S. FIGUEROA ST. STE #800

LOS ANGELES, CA 90017

(213)416-1271

CDBG - PASADENA

ATTN: RANDY M. MABSON

100 N. GARFIELD ROOM 345

PASADENA, CA 91109

(626)744-8321

TAXABLE YEAR **2015** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) **07/01/2015**, and ending (mm/dd/yyyy) **06/30/2016**

Corporation/Organization name **MOTHERS' CLUB FAMILY LEARNING CENTER** California corporation number **0678864**

Additional information. See instructions. FEIN **23-7275324**

Street address (suite or room) **980 NORTH FAIR OAKS AVENUE** PMB no.

City **PASADENA** State **CA** Zip code **91103**

Foreign country name Foreign province/state/county Foreign postal code

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) I _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990)
 (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption? Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources: \$ _____
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
 No filing fee is required
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	426,818	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	1,594,121	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,020,939	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	279,485	00
	7 Total costs. Add line 5 and line 6	7	279,485	00
	8 Total gross income. Subtract line 7 from line 4	8	1,741,454	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	1,787,496	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-46,042	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Instruction K	12		00
	13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Instruction F	15		00
	16 Penalties and Interest. See General Instruction J	16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **u** Title **EXECUTIVE DIRECTOR** Date _____ Telephone **626-792-2687**

Paid Preparer's Use Only Preparer's signature **u** Date **02/06/2017** Check if self-employed PTIN **P00914537**

Firm's name (or yours, if self-employed) and address **u LUCAS, HORSFALL, MURPHY & PINDROH LLP**
100 E CORSON ST STE 200
PASADENA, CA 91103-3841 FEIN **95-4659692**
 Telephone **626-744-5100**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

MOTHERS' CLUB FAMILY LEARNING
23-7275324

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00	
	2	Interest	2	00	
	3	Dividends	3	68,490 00	
	4	Gross rents	4	00	
	5	Gross royalties	5	00	
	6	Gross amount received from sale of assets (See Instructions) SEE STATEMENT 1	6	336,252 00	
	7	Other income. Attach schedule SEE STATEMENT 2	7	22,076 00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	426,818 00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	00	
	10	Disbursements to or for members	10	00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11	130,000 00	
	12	Other salaries and wages	12	940,906 00	
	Expenses and Disbursements	13	Interest	13	00
		14	Taxes	14	00
		15	Rents	15	24,654 00
		16	Depreciation and depletion (See instructions)	16	156,401 00
		17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4	17	535,535 00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,787,496 00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		220,150		65,244
2 Net accounts receivable		91,761		213,943
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule STMT 5		1,569,028		1,553,437
10 a Depreciable assets	5,100,165		5,115,917	
b Less accumulated depreciation	(1,518,325)	3,581,840	(1,673,585)	3,442,332
11 Land		1,825,000		1,825,000
12 Other assets. Attach schedule STMT 6				848
13 Total assets		7,287,779		7,100,804
Liabilities and net worth				
14 Accounts payable		20,093		14,333
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 7		32,857		34,355
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		7,234,829		7,052,116
22 Total liabilities and net worth		7,287,779		7,100,804

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	-182,715	7	Income recorded on books this year not included in this return. Attach schedule SEE STMT 9	-27,342
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	-27,342
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	-46,042
5	Expenses recorded on books this year not deducted in this return. Attach schedule STMT 8	109,331			
6	Total. Add line 1 through line 5	-73,384			

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

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

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

Name of the organization MOTHERS' CLUB FAMILY LEARNING CENTER	Employer identification number 23-7275324
--	---

Organization type (check one):

- | | |
|--|---|
| Filers of:

Form 990 or 990-EZ

Form 990-PF | Section:

<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation

<input type="checkbox"/> 527 political organization

<input type="checkbox"/> 501(c)(3) exempt private foundation

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation

<input type="checkbox"/> 501(c)(3) taxable private foundation |
|--|---|

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization MOTHERS' CLUB FAMILY LEARNING	Employer identification number 23-7275324
--	---

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	ANGELL FOUNDATION 11150 WILSHIRE BLVD. SUITE 910 LOS ANGELES CA 90064	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHILD NUTRITION SERVICES - CDE 1430 N. STREET STE 4503 SACRAMENTO CA 95814	\$ 94,122	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE SCHOW FOUNDATION 300-B DRAKE'S LANDING RD. STE 190 GREENBRAE CA 94904	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	EARLY HEAD START 2500 E. FOOTHILL BLVD STE 403 PASADENA CA 91107	\$ 283,697	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LOS ANGELES UNIVERSAL PRESCHOOL 888 S FIGUEROA ST #800 LOS ANGELES CA 90017	\$ 151,606	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE RALPH M. PARSON FOUNDATION 888 W. SIXTH STREET, 7TH FL LOS ANGELES CA 90017	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MOTHERS' CLUB FAMILY LEARNING	Employer identification number 23-7275324
--	---

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	DEUTSCH FOUNDATION 2444 WILSHIRE BOULEVARD STE 600 SANTA MONICA CA 90403	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LOS ANGELES TIMES FAMILY FUND 205 N MICHIGAN AVE STE 4300 CHICAGO IL 60601	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TIKUN OLAM FOUNDATION 6505 WILSHIRE BLVD STE 1200 LOS ANGELES CA 90048	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE RIORDAN FOUNDATION PO BOX 491190 LOS ANGELES CA 90049	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	WEINGART FOUNDATION 1055 W 7TH ST #3200 LOS ANGELES CA 90017	\$ 125,000	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.)

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

<u>Description</u>		<u>Date</u>	<u>Date</u>	<u>Gross</u>	<u>Cost &</u>	<u>Depr</u>	<u>Net</u>
<u>How</u>	<u>Whom</u>	<u>Acquired</u>	<u>Sold</u>	<u>Proceeds</u>	<u>Expense</u>		<u>Basis</u>
<u>Received</u>	<u>Sold To</u>						
PUBLICALLY TRADED STOCK PURCHASE		7/01/13	6/30/15	\$ 276,398	\$ 273,377	\$ 18	\$ 273,359
MERCK & CO, INC. NEW PURCHASE		12/04/15	12/10/15	5,065	5,096		5,096
PFIZER, INC. PURCHASE		12/14/15	12/22/15	1,033	1,030		1,030
COMPUTER FOR DEV ASSOCIAT PURCHASE		7/23/10	6/30/16		1,138	1,138	
				<u>53,756</u>			
TOTAL				<u>\$ 336,252</u>	<u>\$ 280,641</u>	<u>\$ 1,156</u>	<u>\$ 279,485</u>

California Statements**Statement 2 - Form 199, Part II, Line 7 - Other Income**

<u>Description</u>	<u>Amount</u>
FUNDRAISING DINER	\$ <u>22,076</u>
TOTAL	\$ <u><u>22,076</u></u>

23-7275324

California Statements

FYE: 6/30/2016

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
RENU BHAT-HANSEN	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
JUDY BROWN	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	PRESIDENT	1.00	
VANESSA LEE	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
FRAN SCOBLE	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
WARREN BLEEKER	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
AMY DUNCAN	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	VICE PRESIDENT	1.00	
JON FUHRMAN	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
CONNIE LUE	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
ELSA MACIAS	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
HEATHER STERN	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
JEAN MILBRANDT	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	TREASURER	1.00	
NURIT KOTICK	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
CARMEN VARGAS	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
NORWEETA MILBURN	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	MEMBER	1.00	
HECTOR LAFARGA	PASADENA	980 NORTH FAIR	CA 91103	OAKS AVENUE	EXECUTIVE DIRECTOR	40.00	130,000
PEGGY ADAMS	PASADENA	CA	91103		MEMBER	1.00	
JENNIFER QUINTANILLA	PASADENA	CA	91103		SECRETARY	1.00	

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
MONICA WAHL SHAFFER	PASADENA	CA	91103	MEMBER		1.00	
ELIZABETH WOO	PASADENA	CA	91107	MEMBER	255 S. BERKELEY AVENUE	1.00	
MICHAEL LEB	PASADENA	CA	91107	MEMBER	1946 PASADENA GLEN ROAD	1.00	
RONALD JOHNSON	PASADENA	CA	91107	MEMBER	80 ANNANDALE RD.	1.00	
ABEL RAMIREZ	PASADENA	CA	91105	MEMBER	695 E. GREEN STREET	1.00	
SARA SHAPIRO	PASADENA	CA	91101	MEMBER	10027 LYNROSE ST.	1.00	
	TEMPLE CITY	CA	91780	MEMBER		1.00	
TOTAL							<u>130,000</u>

California Statements**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
	\$
FUNDRAISING DINER	22,076
OTHER EMPL. BENEFITS	89,056
PAYROLL TAXES	83,711
ACCOUNTING	35,408
CHILDREN'S PROGRAM	28,742
INSURANCE	29,700
NUTRITION	41,791
NEWSLETTER	6,940
OFFICE SUPPLIES	14,353
PARENT PROGRAM SUPPLIES	37,889
PROPERTY TAX	2,554
PUBLIC RELATIONS	13,202
REPAIRS AND MAINTENANCE	63,817
STAFF DEVELOPMENT	17,858
TELEPHONE	14,417
WORKERS COMPENSATION	33,638
LEGAL	383
TOTAL	<u>\$ 535,535</u>

Statement 5 - Form 199, Schedule L, Line 9 - Other Investments

Description	Beginning of Year	End of Year
SCHWAB MUTUAL FUNDS	\$ 1,569,028	\$ 1,553,437
TOTAL	<u>\$ 1,569,028</u>	<u>\$ 1,553,437</u>

Statement 6 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
PREPAID EXPENSES	\$	\$ 848
TOTAL	<u>\$ 0</u>	<u>\$ 848</u>

Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
ACCRUED VACATION	\$ 32,857	\$ 34,355
TOTAL	<u>\$ 32,857</u>	<u>\$ 34,355</u>

California Statements**Statement 8 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books**

Description	Amount
DONATED SERVICES	\$ 87,255
FUNDRAISING	22,076
TOTAL	\$ <u>109,331</u>

Statement 9 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

Description	Amount
DONATED SERVICES	\$ 87,255
NET UNREALIZED GAINS	-136,673
FUNDRAISING	22,076
TOTAL	\$ <u>-27,342</u>

TAXABLE YEAR

2015

Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name **MOTHERS' CLUB FAMILY LEARNING CENTER**

California corporation number **0678864**

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1
2	Total cost of IRC Section 179 property placed in service	2
3	Threshold cost of IRC Section 179 property before reduction in limitation	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5
6	(a) Description of property	(b) Cost (business use only)
	(c) Elected cost	
7	Listed property (elected IRC Section 179 cost)	7
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from prior taxable years	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12	13

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1		1				156,401	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	156,401

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	156,401
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

<u>Description</u>	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
IPAD #12 (INFANTS)	8/12/15	\$ 438	\$	MACRS	5	\$ 88	\$
IPAD #13 (2'S)	8/12/15	438		MACRS	5	88	
IPAD #14 (TODDLERS)	8/12/15	438		MACRS	5	88	
IPAD #15 (PS)	8/12/15	438		MACRS	5	88	
J710 WOODCREST CHAIRS	8/14/15	97		MACRS	7	14	
J710 WOODCREST CHAIRS	8/14/15	97		MACRS	7	14	
J710 WOODCREST CHAIRS	8/14/15	97		MACRS	7	14	
J710 WOODCREST CHAIRS	8/14/15	97		MACRS	7	14	
J710 WOODCREST CHAIRS	8/14/15	97		MACRS	7	14	
J710 WOODCREST CHAIRS	8/14/15	97		MACRS	7	14	
J710 WOODCREST CHAIRS	8/14/15	97		MACRS	7	14	
J506 ME-DO-IT CHAIR 6.5"	8/14/15	97		MACRS	7	14	
SAILS FOR PLAYGROUND	7/21/15	4,700		MACRS	7	671	
9X8 COVER FOR SLIDE	7/21/15	3,512		MACRS	7	502	
ASUS UX3XX SERIES ZENBROOK 13"	12/02/15	1,526		MACRS	5	305	
DELL USB TRIPLE DISPLAY	12/02/15	185		MACRS	5	37	
MICROSOFT OFFICE 2013	12/02/15	164			3.00	32	
MICROSOFT WINDOWS 10 PROFESSION	12/02/15	108			3.00	21	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
12" ANGELES SILVERRIDE TRIKE	1/25/16	\$ 193	\$	MACRS	5	\$ 39	\$
12" ANGELES SILVERRIDE	1/25/16	193		MACRS	5	39	
10" ANGELES SILBERRIDE TRIKE	1/25/16	182		MACRS	5	36	
10" ANGELES SILVERRIDE TRIKE	1/25/16	182		MACRS	5	36	
OUTLAST BENCH 10"	4/15/16	207		MACRS	7	30	
ANGELES SILVERRIDE RICKSHAW	1/25/16	367		MACRS	5	73	
APPLIANCE	4/08/16	184		MACRS	5	37	
LAMINATOR CSL2700	4/22/16	1,063		MACRS	5	213	
ASUS UX3XX ZENBOOK 13" ZENBOOK	5/05/16	1,526		MACRS	5	305	
DELL USB 3.0 TRIPLE DISPLAY	5/05/16	185		MACRS	5	37	
FAIROAKS BUILDING	3/20/06	541,680	128,474	S/L	39.00	13,889	
FAIR OAKS BUILDING	10/12/07	3,787,869	752,719	S/L	39.00	97,124	
ECE CUBBIES	8/18/08	1,074	1,047	S/L	7.00	27	
FLOOR MATS	9/12/08	766	746	S/L	7.00	20	
2 TABLES & 8 CHAIRS	10/01/08	2,428	2,342	S/L	7.00	86	
INFANT ROOM DIVIDER	12/12/08	318	298	S/L	7.00	20	
LOGO MAT	12/23/08	428	397	S/L	7.00	31	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
BOOKCASE	1/01/09	\$ 630	\$ 585	S/L	7.00	\$ 45	\$
CHAIR CART	1/01/09	304	281	S/L	7.00	23	
ECE TABLES	4/01/09	370	331	S/L	7.00	39	
TODDLER AWNING	9/02/08	6,095	5,710	S/L	7.00	385	
SECURITY ENCLOSURE	8/05/08	1,067	1,053	S/L	7.00	14	
TODDLER STORAGE SHED	9/05/08	2,610	2,549	S/L	7.00	61	
REAR AWNING	9/30/08	2,624	2,531	S/L	7.00	93	
UTILITY PLAN & DESIGN	11/22/08	5,500	928	S/L	39.00	141	
DONOR RECOGNITION WALL	2/21/09	7,599	1,235	S/L	39.00	194	
HAZARDOUS WASTE DISPOSAL	9/24/08	2,696	466	S/L	39.00	70	
EXCESS MORTGAGE INTEREST	12/31/08	1,513	251	S/L	39.00	39	
6'X15' HEAVY DUTY MAT	12/09/09	761	607	S/L	7.00	109	
EHS START UP FURNITURE	4/16/10	1,495	1,105	S/L	7.00	213	
4 AMERICANA CHAIRS	5/19/10	852	619	S/L	7.00	122	
36X36 TABLE	5/19/10	563	408	S/L	7.00	81	
ACCESSORIES SHELF	9/22/10	103	70	S/L	7.00	15	
ROUND TABLE	9/22/10	203	138	S/L	7.00	29	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
SMALL TURQUOISE TABLE	9/22/10	\$ 329	\$ 223	S/L	7.00	\$ 47	\$
TIME CLOCK SYSTEM/PYRAMID	11/01/10	439	410	S/L	5.00	29	
18 BLUE/RED TODDLER SAND	1/06/11	275	177	S/L	7.00	39	
RED SAND/WATER ACT CENTER	1/06/11	282	181	S/L	7.00	40	
FAUCETS FOR KITCHEN	3/16/11	438	267	S/L	7.00	62	
DISHWASHER-NUTRITN KITCHN	3/31/11	916	779	S/L	5.00	137	
INSTALL 2 SINK/FAUCETS/DI	4/20/11	225	133	S/L	7.00	33	
F24, LOW STORAGE UNIT PK	5/19/11	401	234	S/L	7.00	57	
TABLE & CHAIR FOR PSCHOOL	5/20/11	407	237	S/L	7.00	59	
ID#647 BLACK THINK CHAIR	6/13/11	722	421	S/L	7.00	104	
ID#648 LYRIC QUEST CHAIR	6/13/11	583	340	S/L	7.00	83	
ID#649 COMPUTR CORNR DESK	6/13/11	991	579	S/L	7.00	141	
COMPUTER FOR DEV ASSOCIAT	7/23/10	1,138	1,120	S/L	5.00	18	
LENOVO TAPTOP FOR TEACHRS	11/01/10	224	209	S/L	5.00	15	
AMD ATHLON X2 LAPTOP	11/01/10	868	811	S/L	5.00	57	
DELL XPS DESKTOP-LIBRARY	11/01/10	488	456	S/L	5.00	32	
ULTRA MOBILE DLP PROJECTR	1/11/11	991	892	S/L	5.00	99	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
ID#641 CANON CAMCORDER	1/11/11	\$ 588	\$ 530	S/L	5.00	\$ 58	\$
ID#638 ACER DESKTOP PC	1/12/11	800	720	S/L	5.00	80	
ID#639 HP20 LD MONITOR	1/12/11	252	226	S/L	5.00	26	
MICROPHONE-VIDEO CAMERA	5/25/11	149	121	S/L	5.00	28	
ID#646 GATEWAY NOTEBOOK	5/31/11	948	775	S/L	5.00	173	
FURNITURE AND FIXTURES	2/28/12	4,844	2,307	S/L	7.00	692	
LEASEHOLD IMPROVEMENTS	11/25/11	10,855	5,557	S/L	7.00	1,551	
COMPUTER EQUIPMENT	7/20/11	9,030	7,073	S/L	5.00	1,807	
SOLAR PANELS	10/03/11	66,257	49,693	S/L	5.00	13,252	
EPSON DUET 80" PROJECTION SCREEN	1/28/13	174	60	S/L	7.00	25	
KENSINGTON WIRELESS PRESENTER	1/28/13	88	30	S/L	7.00	13	
GE WASHER	2/26/13	794	265	S/L	7.00	113	
2 EZ UP CANOPIES	3/12/13	434	145	S/L	7.00	62	
LEASEHOLD IMPROVEMENTS	10/17/12	3,075	1,171	S/L	7.00	440	
LEASEHOLD IMPROVEMENTS	12/10/12	10,763	3,972	S/L	7.00	1,538	
LEASEHOLD IMPROVEMENTS	12/26/12	9,500	3,393	S/L	7.00	1,357	
LEASEHOLD IMPROVEMENTS	1/17/13	11,363	3,923	S/L	7.00	1,623	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
LEASEHOLD IMPROVEMENTS	3/11/13	\$ 10,875	\$ 3,625	S/L	7.00	\$ 1,554	\$
LEASEHOLD IMPROVEMENTS	3/27/13	9,525	3,062	S/L	7.00	1,360	
LEASEHOLD IMPROVEMENTS	3/29/13	339	109	S/L	7.00	48	
23" IPS LED MONITOR	10/03/12	282	155	S/L	5.00	57	
SERVER UPGRADE-FIJITSU PRIMERGY	1/31/13	924	447	S/L	5.00	184	
SAMSUN ITB SATA HARD DRIVE	1/31/13	609	294	S/L	5.00	122	
TP-LINK 24-PORT GIGABIT SWITCH	1/31/13	522	252	S/L	5.00	105	
TP-LINK ROUTER	1/31/13	239	116	S/L	5.00	47	
HP PAVILION DESKTOP	1/31/13	892	431	S/L	5.00	179	
BROTHER PRINTER	2/19/13	142	66	S/L	5.00	29	
LOGITEC KEYBOARD	2/19/13	98	46	S/L	5.00	19	
WOODEN CHAIR FOR SOCIAL KITCHEN #705	9/06/13	186	34	MACRS	7	43	
WOODEN CHAIR FOR SOCIAL KITCHEN #706	9/06/13	186	34	MACRS	7	43	
WOODEN CHAIR FO SOCIAL KITCHEN #707	9/06/13	186	34	MACRS	7	43	
WOODEN CHAIR FOR SOCIAL KITCHEN #708	9/06/13	186	34	MACRS	7	43	
WOODEN CHAIR FOR SOCIAL KITCHEN #709	9/06/13	186	34	MACRS	7	43	
WOODEN CHAIR FOR SOCIAL KITCHEN #710	9/06/13	186	34	MACRS	7	43	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
J712 WOODCREST CHAIRS #701	9/23/13	\$ 107	\$ 16	MACRS	7	\$ 26	\$
J712 WOODCREST CHAIR #702	9/23/13	107	19	MACRS	7	25	
J712 WOODCREST CHAIRS #703	9/23/13	107	19	MACRS	7	25	
J712 WOODCREST CHAIRS #704	9/23/13	107	19	MACRS	7	25	
KEURIG COFFEE SYSTEM #711	10/08/13	142	25	MACRS	7	33	
KEYBOARD TRAY SYSTEM #712	11/13/13	277	46	MACRS	5	92	
IPAD#3- DONATION #737	12/17/13	500	75	MACRS	5	170	
IPAD#1 - DONATION	12/17/13	500	75	MACRS	7	121	
IPAD#2 - DONATIONS	12/17/13	500	75	MACRS	5	170	
IPAD#4 - DONATION	12/17/13	500	78	MACRS	5	169	
IPAD#5 - DONATION	12/17/13	500	75	MACRS	5	170	
HP ELITE DESKTOP PC #744	1/16/14	763	108	MACRS	5	262	
WIFI FOR ECE AREA	1/16/14	543	77	MACRS	5	186	
IPAD AIR#6 FOR ED USE	2/19/14	549	73	MACRS	5	190	
CAMERA NIKON COOLPIX, SILVER	2/11/14	162	23	MACRS	5	56	
CAMERA NIKON COOLPIX, BLACK	2/11/14	156	22	MACRS	5	54	
CAMERA NIKON COOLPIX, RED	2/11/14	157	22	MACRS	5	54	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
CAMERA NIKON COOLPIX, ORANGE	2/11/14	\$ 156	\$ 22	MACRS	5	\$ 54	
SONY CYBER-SHOT DSCRX100	2/11/14	466	66	MACRS	5	160	
IPAD AIR#7 FOR DIR EDUCATION USE	2/18/14	547	73	MACRS	5	190	
IPAD AIR#8 FOR DIR OF PROGRAMS	2/18/14	547	73	MACRS	5	190	
IPAD AIR#9 (INF)	2/18/14	547	73	MACRS	5	190	
IPAD AIR#10 (2'S)	2/18/14	547	73	MACRS	5	190	
IPAD AIR#11 (TODDLERS)	2/18/14	547	73	MACRS	5	190	
4' X 32" TOTE SHELF (F697)	2/26/14	583	78	MACRS	5	202	
F890 CLEAR DEEP TOTES	2/26/14	227	30	MACRS	7	56	
PLASTIC ART CABINET	3/01/14	120	16	MACRS	7	30	
STORAGE CABINET FOR ART SUPPLIES	3/31/14	283	35	MACRS	5	99	
SINGLE WELL SAND AND WET ACTIVITY TABLE 24"	4/02/14	338	42	MACRS	7	85	
GE 24" BUILT-IN DISHWASHER STAINLES STEEL	4/10/14	756	94	MACRS	7	189	
LOGITECH KEYBOARD	4/10/14	132	17	MACRS	5	46	
HP LASER COLOR PRINTER	4/22/14	519	61	MACRS	5	183	
MOTORIZED RETRACTABLE AWNING	5/16/14	3,650	99	MACRS	39	94	
MOTORIZED RETRACTABLE AWNING	5/16/14	3,650	99	MACRS	39	94	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
SAMSUNG SYNCMASTER 940BX 19" MONITOR	5/22/14	\$ 158	\$ 17	MACRS	5	\$ 56	\$
SAMSUNG SYNCMASTER 940BX 19" MONITOR	5/22/14	158	17	MACRS	5	56	
SAMSUNG SYNCMASTER 940BX 19" MONITOR	5/22/14	158	17	MACRS	5	56	
SAMSUNG SYNCMASTER 940BX 19" MONITOR	5/22/14	158	17	MACRS	5	56	
SAMSUNG SYNCMASTER 940BX 19" MONITOR	5/22/14	158	17	MACRS	5	56	
SAMSUNG SYNCMASTER 940BX 19" MONITOR	5/22/14	158	17	MACRS	5	56	
SAMSUNG SYNCMASTER 940BX 19" MONITOR	5/22/14	158	17	MACRS	5	56	
OUTLAST STORAGE BENCH WITH 2 CRATES	5/27/14	676	73	MACRS	7	172	
OUTLAST 18" PROJECT TABLE PRESCHOOL SET	5/27/14	1,101	119	MACRS	7	281	
BLACK UTILITY CART FOR PLAYGROUND	6/27/14	158	16	MACRS	7	40	
XEROX COLOR COPIER	6/27/14	10,895	1,089	MACRS	7	2,802	
COMPUTER EQUIPMENT 2	7/20/11	800	627	S/L	5.00	160	
MOTORIZED RATRACTABLE AWNING	5/16/14	3,650	99	MACRS	39	94	
LED TABLET	8/07/14	153	14	MACRS	5	55	
LED TABLET	8/07/14	153	14	MACRS	5	55	
LED TABLET	8/07/14	153	14	MACRS	5	55	
LED TABLET	8/07/14	153	14	MACRS	5	55	
LED TABLET	8/07/14	153	14	MACRS	5	55	
30" ROUND TABLE & CHAIRS SET	8/14/14	326	30	MACRS	7	85	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
DRESS UP UNIT W/ MIRROR	9/18/14	\$ 175	\$	13 MACRS	7	\$ 47	\$
LENOVO IDEACENTRE V3 COMPUTER	7/15/14	817		82 MACRS	5	294	
APPLE MACBOOK AIR 13"	12/15/14	1,417		83 MACRS	5	534	
HP PRO DESKTOP COMPUTER	1/13/15	708		35 MACRS	5	269	
HP 23" MONITOR	1/13/15	207		10 MACRS	5	79	
BOSE SOUNDLINK SPEAKER	1/15/15	141		7 MACRS	5	53	
NORTEL CORDLESS PHONE SYSTEM	1/30/15	599		25 MACRS	5	230	
SAMSUNG 19" MONITOR	1/30/15	97		4 MACRS	5	37	
SAMSUNG 19" MONITOR	1/30/15	97		4 MACRS	5	37	
SAMSUNG 19" MONITOR	1/30/15	97		4 MACRS	5	37	
SAMSUNG 19" MONITOR	1/30/15	97		4 MACRS	5	37	
IPAD AIR	3/05/15	547		18 MACRS	5	212	
PRO TEAM SUPER COACHVAC	6/03/15	441		4 MACRS	7	125	
ME-DO-IT CHAIR	1/20/15	70		3 MACRS	7	19	
HUTCH BOOK CASE	8/21/14	369		31 MACRS	7	96	
STACK CHAIR	3/06/15	88		3 MACRS	7	24	
STACK CHAIR	3/06/15	88		3 MACRS	7	24	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
STACK CHAIR	3/06/15	\$ 88	\$	3 MACRS	7	\$ 24	\$
STACK CHAIR	3/06/15	88		3 MACRS	7	24	
STACK CHAIR	3/06/15	88		3 MACRS	7	24	
STACK CHAIR	3/06/15	88		3 MACRS	7	24	
STACK CHAIR	3/06/15	88		3 MACRS	7	24	
STACK CHAIR	3/06/15	88		3 MACRS	7	24	
STACK CHAIR	3/06/15	88		3 MACRS	7	24	
STACK CHAIR	3/06/15	88		3 MACRS	7	24	
STACK CHAIR	3/06/15	88		3 MACRS	7	24	
FLIR 8 CHANNEL HARD DRIVE	3/30/15	707		18 MACRS	5	276	
SYNNEX PIN HOLE CAMERA	3/30/15	65		2 MACRS	7	18	
SYNNEX PIN HOLE CAMERA	3/30/15	65		2 MACRS	7	18	
SYNNEX OUTDOOR CAMERA	3/30/15	163		4 MACRS	7	46	
SYNNEX OUTDOOR CAMERA	3/30/15	163		4 MACRS	7	46	
SYNNEX OUTDOOR CAMERA	3/30/15	163		4 MACRS	7	46	
SYNNEX OUTDOOR CAMERA	3/30/15	163		4 MACRS	7	46	
SYNNEX OUTDOOR DOME CAMERA	3/30/15	87		2 MACRS	7	24	
SAMSUNG 32" HDTV	3/30/15	436		11 MACRS	7	121	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
SAMSUNG 28" HDTV	3/30/15	\$ 240	\$ 6	MACRS	7	\$ 67	\$
JDAMI BALUM KIT	3/30/15	327	8	MACRS	7	91	
COMMEMORATIVE BENCH - LIVE OAK	7/22/14	2,848	261	MACRS	7	739	
MULTI-STORAGE UNIT	8/25/14	514	43	MACRS	7	135	
OUTLAST STORAGE BENCH	1/13/15	730	37	MACRS	7	198	
OUTDOOR TABLE FOR TODDLERS	3/19/15	97	2	MACRS	7	27	
WINDOW BLINDS	1/27/15	1,141	48	MACRS	7	312	
TOTAL		<u>\$ 4,604,776</u>	<u>\$ 1,006,022</u>			<u>\$ 156,401</u>	<u>\$ 0</u>