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DLN: 93493052004153

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

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Check if a	2011 calendar year, or C Name of organi	zation	1-2011 and ending 06-30-201		D Employer ider	tification number
Address cl	National Womei				52-1213010)
Name cha	Doing Business	Ās			E Telephone nui	
Initial retu			Adalas and Associated the Control of		(202)588-5	180
Terminate	11 Dupont Circle		t delivered to street address) Room/si	uite	G Gross receipts \$	12,693,195
Amended Application	return City or town, sta Washington, DC n pending	ate or country, and ZIP + 4 20036	•			
Application		d address of principal o	fficor			_
	Nancy Duff	id address of principal o Campbell	mcer	H(a) Is th	is a group return	for
		Circle NW No 800				
	washington	,DC 20036			l affiliates include	
Tax-exen	npt status)		o," attach a list ip exemption nun	(see instructions)
Website	e: ► www nwlc org		<u> </u>		ip exemption num	ibel F
S Form of or	ganization 🔽 Corporation	Trust C Association C Oth	 ner ▶ -	L Year of fo	rmation 1981 M	State of legal domicile D
Part I	Summary	Trust Association Oth	ICI F	L Teal of to	imation 1901 III	state of legal dofficile. Do
	Briefly describe the orga To advance and protect		ost significant activities			
<u> </u>						
<u> </u>	Check this box 🛏 if the	e organization discontin	ued its operations or disposed	of more than 2	5% of its net as	sets
	,		y (Part VI, line 1a)		з	2:
ő I	_		overning body (Part VI, line 1b		. 4	20
ji ⊒ 5			ar year 2011 (Part V, line 2a)		5	7(
Ē 6	Total number of voluntee	ers (estimate if necessa	ry)		6	5(
₹ 7a	Total unrelated business	s revenue from Part VII	I, column (C), line 12		7a	(
ь	Net unrelated business	taxable income from Foi	rm 990-T, line 34		7b	(
				Prio	r Year	Current Year
8	Contributions and gra	nts (Part VIII, line 1h)			10,211,624	7,880,723
<u></u> } 9	Program service revei	nue (Part VIII, line 2g)			152,442	80,960
Haveni 10			nes 3, 4, and 7d)		484,332	523,867
Æ 11	Other revenue (Part V	III, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)		58,327	-80,827
12			equal Part VIII, column (A), lın	е		
					10,906,725	8,404,723
13			umn (A), lines 1-3)		0	100,000
14			mn (A), line 4)		0	
§ 15	Salaries, other compe 5-10)	nsation, employee bene	fits (Part IX, column (A), lines		5,962,074	6,291,488
Se 16a b			n (A), line 11e)		0	(
_		(Part IX, column (D), line 25				
17			1a-11d, 11f-24e)	•	2,588,149	3,034,753
18	•		I Part IX, column (A), line 25)	-	8,550,223	9,426,241
19 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	kevenue iess expense	:5 SUDTRACT line 18 from	n line 12		2,356,502 g of Current ear	-1,021,518 End of Year
20	Total assets (Part X. I	ıne 16)		<u> </u>	32,574,850	31,232,300
2日 7日 21					1,261,551	1,227,853
## ## 22	•	·	from line 20		31,313,299	30,004,447
Part II	Signature Block			<u> </u>		· · · · ·
Jnder pena	lities of perjury, I declare t and belief, it is true, corre		return, including accompanying s ition of preparer (other than office			
	*****)13-02-21	
Sign	Signature of officer			Da	ate	
lere	Nancy Duff Campbell Co					
			Data	Chack if	Dronarada tauna	ar identification number
اماط	Preparer's signature Nicole M Sim	ion CPA	2013-02-20	Check if self-	(see instructions)	er identification number
Paid Proporor'o	Signature			employed 🕨 🦳	P01315245	
Preparer's	Firm's name (or yours if self-employed),	Rogers & Company PLLC			EIN > 58-267626	1
Jse Only		3300 Boone Boulevard Suite 6	500			_
		Vienna, VA 22182			Phone no 🕨 (70	3) 893-0300

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

orm	90 (2011) Page 2
Par	
1	Briefly describe the organization's mission
	ance and protect women's legal rights The Center focuses on major policy areas of importance to women and their families including ion, employment, family economic security, and health, with special attention given to the concerns of low-income women
2	old the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	f "Yes," describe these new services on Schedule O
3	old the organization cease conducting, or make significant changes in how it conducts, any program ervices?
_	f "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 xpenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of rants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 3,711,437 including grants of \$ 100,000) (Revenue \$ 2,300) Health and reproductive rights Advanced women's access to comprehensive and affordable health care by securing (and fighting off efforts to weaken) a provision mandating coverage of contraception with no co-payments in a U.S. Department of Health and Human Services-prescribed package of women's preventive health services by raising the visibility of the issue with policy makers, testifying before a panel of scientific and medical experts, and educating and galvanizing women to increase support for the provision, helping to secure the Supreme Court's decision to uphold the Affordable Care Act (ACA) by filing a friend-of-the-court brief in support of the law on behalf of 60 organizations and beating back legislative attacks on the ACA by launching a campaign, "I Will NOT Be Denied," to educate and engage women in the effort to protect the law, working to implement the ACA by releasing a report documenting the discrimination women face in the current health care market - Turning to Fairness, commenting on federal regulations, engaging in other federal policy advocacy, and providing technical assistance to state advocates and policy makers on local implementation efforts, and exposing and defending against attacks on reproductive health care, including by launching a campaign, "My Health is NOT Up for Debate," to educate and mobilize women and others to protect reproductive health care
4b	(Code) (Expenses \$ 1,913,918 including grants of \$) (Revenue \$ 63,112)
	Family economic security Strengthened income and work support programs for economically vulnerable women, including single mothers, women of color, and older women, by securing an extension of emergency unemployment benefits and staving off cuts in vital services that women depend on, by releasing timely analyses showing that women had lost, not gained, jobs since the economic recovery began and that the poverty of women and their families was growing, securing increases in federal funding for child care and Head Start in the FY 2012 budget and helping state advocates fight cuts in state child care funding by leading coalitions, mobilizing advocates around the country, and releasing a report demonstrating that families were worse off in 37 states in 2011 than in 2010 under state child care assistance policies State Child Care Assistance Policies 2011 Reduced Support for Families in Challenging Times, protecting Social Security and other key safety net programs in the debt ceiling crisis that led to the Budget Control Act, by providing analyses of the importance of these programs to women and their families, testifying before Congress on ways to improve Social Security benefits for women, releasing a report on the impact on women of a proposed change in the cost-of-living formula for Social Security and other programs - Cutting the Social Security COLA by Changing the Way Inflation is Calculated Would Especially Hurt Women, and providing leadership to coalitions, expanding support for fair tax policies by producing and widely disseminating analyses of key tax and budget proposals and their impact on women, co-authoring 30 state-specific reports on the impact of federal tax and budget policies, and providing leadership to national tax and budget coalitions, building support for increasing the minimum wage at the national level and helping secure some state minimum wage increases by providing national and state-level analyses showing the importance of a higher minimum wage to women-who make up two-thirds of min
4 c	Women's legal rights, education, and employment Expanded women's core legal rights, including the right to equal opportunities in schools and the workplace and the right to a fair judicial system, by securing commitments from several public schools to correct unequal athletic opportunities for girls under Title IX in response to administrative complaints the Center filed with the U.S. Department of Education, winning a consent decree to equalize the scheduling of girls' and boys' high school basketball games in Parker v. Franklin Co. Community School Corp., celebrating the 40th anniversary of Title IX by launching an online story portal that puts a human face on the law and its broad accomplishments. Faces of Title IX, exposing the impact of pervasive discrimination on pregnant and parenting students and providing recommendations and a toolkit for schools to use in combatting such discrimination in a Center report, A Pregnancy Test for Schools, securing the opening of more military assignments to women by providing analyses, conducting advocacy and other outreach, and participating in key Department of Defense meetings, advancing protections for pregnant women on the job by working with the U.S. Equal Employment Opportunity Commission to enhance enforcement of existing law against pregnancy discrimination and demonstrating the need for the Pregnant Workers Faimess Act to require employers to extend the accommodations they must provide workers with disabilities to employees who are pregnant, championing fair pay for women through the Center's "I.Am Not Worthless" campaign, by documenting how much women were shortchanged in all 50 states last year, participating in a Congressional briefing, and co-hosting an annual Blog for Equal Pay event that engaged 70 bloggers writing about equal pay on April 17 - the date in 2012 when a typical women's wages equaled what a typical man had earned by the end of 2011, co-hosting a forum on the significance of Reed v. Reed, the first Supreme Court case to invalidate a law on sex
44	Other program services (Describe in Schedule O.)
4d	Other program services. (Describe in Schedille O.)

4e Total program service expenses►\$

(Expenses \$

7,799,357

) (Revenue \$

ıncludıng grants of \$

Part IV	Checklist	of Rea	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
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	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
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.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		N o
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Pell	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
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	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

•	·
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 18			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a.	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 or securities account)?	4a		Νo
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	- · · · · · · · · · · · · · · · · · · ·			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
a	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?	6a		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
_	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	and the same and t			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	. .		NI -
e	contract?	7e 7f		No No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/ 1		No
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter	_		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
2	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
J.	allocated to each state			
D	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax 1a 22 Enter the number of voting members included in line 1a, above, who are 1b 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 5 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes 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 9 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 14 14 Did the organization have a written document retention and destruction policy? Yes 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? a The organization's CEO, Executive Director, or top management official 15a Yes Other officers or key employees of the organization . 15b Yes If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, MA, MI , MN , MO , MS , NC , ND , NH , NJ , NM , NY , OH , OK , RI, SC, TN, UT, VA, WA, OR, PA, WI, WV, MD, ME, KY

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization The Organization
 - 11 Dupont Circle NW 800
 - Washington, DC 20036 (202) 588-5180

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	A verage hours more than one box, per unless person is both week (describe (describe)) A verage hours more than one box, compensation from the organization (Worganization (Worganization)) A verage hours position (do not check compensation (compensation)) A verage hours position (do not check compensation) and the compensation (worganization) A verage hours position (do not check compensation) and the compensation organization (worganization) by the compensation organization (worganization) and the compensation organization (worganization) by the compensation organization (worganization) and the compensation organization (worganization) by the compensation organization (worganization) and the compensation organization organization (worganization) and the compensation organization (worganization) are compensation organization organization (worganization) and the compensation organization orga				(E) Reportable compensatior from related organizations (W- 2/1099-	amount of other compensation from the							
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC	organiza	I .	
See A	dditional Data Table													
												\perp		
												4		
												+		
												+		
												+		
												+		
1b	Sub-Total	to Part VII Soc	tion A		•	•		*						
c d	Total from continuation sheets Total (add lines 1b and 1c) .					•		 		2,011,374		0		287,415
2	Total number of individuals (inc \$100,000 of reportable comper						above) who	receive	d more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc						mploy •	ee, c	or highes	t compens	ated employee	3		l No
4	For any individual listed on line organization and related organiz											4		
5	Did any person listed on line 1a services rendered to the organi										or individual for	5		No
Se	ection B. Independent Con	ntractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio												
		(A) me and business ad	dress							Desci	(B) ription of services		(C Comper	
3509	TT Solutions Connecticut Ave NW Ste 705 Ington, DC 20008									IT Support				224,164
	Takal manakan asarat	hun aka in 100 100 100	1			1 2 .	LL	l.e.t	.					
	Total number of independent cont \$100,000 of compensation from			iot lir	nite	ı to	tnose	iiste	a above)	wno recei	ved more than			

Part V		Statement of Kevenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated campaigns 1a	8,751				
≅ ਤੋ	ь	Membership dues 1b					
ಕ್	l c	Fundraising events 1c	1,088,275				
्रं के							
<u> </u>	d	Related organizations 1d					
€.E	e	Government grants (contributions) 1e					
ᇍ	f	All other contributions, gifts, grants, and 1f similar amounts not included above	6,783,697				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in					
ŧĕ		lines 1a-1f \$					
ပ္မ	h	Total. Add lines 1a-1f	►	7,880,723			
an a			Business Code				
Ĭ	2a	Conference income	900099	36,210	36,210		
9. A.	Ь	Contract income	900099	26,800	26,800		
e≛ ou				·			
Š	c .	Honoraria	900099	17,950	17,950		
Š	d						
Program Serwce Revenue	e						
훘	f	All other program service revenue					
<u>₹</u>	g	Total. Add lines 2a-2f	b -	80,960			
	3	Investment income (including dividence		30,300			
		and other similar amounts)		515,161			515,161
	4	Income from investment of tax-exempt bond p	· · ·	·			<u> </u>
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents 137,518	(II) I CISOIIUI				
	Ь	Less rental 0					
		expenses 127 F10					
	C	Rental income 137,518 or (loss)					
	d	Net rental income or (loss)	🟲	137,518			137,518
		(ı) Securities	(II) Other				
	7a	Gross amount 3,946,173 from sales of					
		assets other					
	Ь	than inventory Less cost or 3,937,467					
		other basis and sales expenses					
	c	Gain or (loss) 8,706					
	d	Net gain or (loss)		8,706			8,706
	8a	Gross income from fundraising	•				
<u>⊕</u>		events (not including					
듄		\$ <u>1,088,275</u>					
Š		of contributions reported on line 1c) See Part IV, line 18					
Other Revenue		a	130,300				
<u>a</u>	ь	Less direct expenses b	351,005				
ಕ	c	Net income or (loss) from fundraising e		-220,705			-220,705
	9a	Gross income from gaming activities	ļ				
		See Part IV, line 19					
		a					
	Ь	Less direct expenses b	<u> </u>				
	C	Net income or (loss) from gaming activ	/ities				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b	entory				
	С	Net income or (loss) from sales of inve	Business Code				
	11a		900099	2,360	2,360		
		Miscellaneous income	300033	2,300	2,300		
	Ь						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🛌	2,360			
	12	Total revenue. See Instructions		8,404,723	83,320	0	440,680
	1			0,704,723	03,320	U	I 770,000

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) but are not required to complete columns (B), (C), and (D)

<u>C</u>	neck if Schedule O contains a response to any question in this Part IX	<u></u>	<u> </u>	<u>l .</u>	
	ot include amounts reported on lines 6b, o, 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 governments and organizations in the United States See Part IV, line 21	100,000	100,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,680,703	1,159,246	295,215	226,242
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	3,670,940	2,988,704	521,155	161,081
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	101,549	77,836	15,375	8,338
9	Other employee benefits	516,341	427,734	72,095	16,512
10	Payroll taxes	321,955	246,773	48,747	26,435
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	43,894	41,559	1,384	951
d	Lobbying				_
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	65,269		65,269	
g	Other	1,104,839	1,056,877	38,059	9,903
12	Advertising and promotion		, ,		·
13	Office expenses	310,441	268,544	3,626	38,271
14	Information technology	15,187	14,052	466	669
15	Royalties				
16	Occupancy	996,068	943,035	31,434	21,599
17	Travel	83,010	75,283	33	7,694
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	55,025	,		
19	Conferences, conventions, and meetings	79,224	79,224		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	168,562	155,956	5,177	7,429
23	Insurance	19,323	18,294	610	419
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Professional Dues/Regs	72,743	67,543	104	5,096
b	Subscriptions/Pubs	41,995	40,870	43	1,082
c	Miscellaneous	34,198	20,336	1,137	12,725
d	Indirect cost alloc	0	17,491		-17,491
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,426,241	7,799,357	1,099,929	526,955
26	Joint costs. Check here ►				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25,887	15,493	0	10,394
				Eα	rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 5,548,513 6.427.985 2 832,084 3 3,395,119 7.879 14.843 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 102,223 9 69,139 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis *Complete* 1,719,156 Part VI of Schedule D 10a 516,060 10c 10b b Less accumulated depreciation 1,215,208 503,948 11 11 22,979,670 12 23,357,755 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 25,386 15 15 26,546 32,574,850 31,232,300 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 414,331 17 481,346 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 846,484 25 746,507 D 26 1,261,551 26 1,227,853 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 10,146,524 27 Unrestricted net assets 9,368,795 6,969,953 28 6,435,565 28 Temporarily restricted net assets Fund 29 14, 196, 822 29 14,200,087 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 31.313.299 33 30.004.447 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 32.574.850 31,232,300

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,4	104,72
2	Total expenses (must equal Part IX, column (A), line 25)	2			126,24
3	Revenue less expenses Subtract line 2 from line 1	3		-1,0	21,51
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		31,3	313,29
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 2	287,33
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		30,0	04,44
Par	TEXII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII			୮	
		ĺ		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to 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 its Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493052004153

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Provide the following information about the supported organization(s)

Employer identification number

Nation	ai won	52-1213010								
Pai	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions							
The o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)								
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).								
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ	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	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II)	t describe	d in						
6	\sqcap	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 th described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public	•					
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of								
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr	om busine	esses						
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)								
10	Γ	An organization organized and operated exclusively to test for public safety See section 509(a)(4).								
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carrone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sective box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Check					
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)								
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supcheck this box	oporting o	rganız	ation,					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	ı							
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No					
		and (III) below, the governing body of the the supported organization?	11g(i)		<u> </u>					
		(ii) a family member of a person described in (i) above?	11g(ii)							
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		1					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 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.)

	under Part III. II tile	e organization	ialis to quality u	nder the tests i	isted below, pie	ase coi	Tiplete F	'art III.)
	ection A. Public Support endar year (or fiscal year beginning	1	T	T			1	
Care	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,291,64	6 8,151,113	8,666,233	10,211,624	7	,880,723	43,201,339
2	Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities							
	furnished by a governmental unit							
4	to the organization without charge Total. Add lines 1 through 3	8,291,64	6 8,151,113	8,666,233	10,211,624	7	,880,723	43,201,339
5	The portion of total contributions by each person (other than a	0,231,01	0,131,113	0,000,233	10,211,021	<u>, </u>	,000,723	13,201,333
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							14,889,376
	(f)							
6	Public Support. Subtract line 5 from line 4							28,311,963
S	ection B. Total Support			<u>l</u>	L			
	endar year (or fiscal year	() 2007	(1) 2000	() 2000	(1) 2010	() 20		(6) T
	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	8,291,646	8,151,113	8,666,233	10,211,624	7,	880,723	43,201,339
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	651,182	522,958	537,484	620,974		652,679	2,985,277
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,279	2,229	27,104	2,078		2,360	35,050
11	Total support (Add lines 7 through 10)							46,221,666
12	Gross receipts from related activiti		·			12		1,769,414
13	First Five Years If the Form 990 is to check this box and stop here	for the organizat	ion's first, second,	thırd, fourth, or fı	fth tax year as a 5	501(c)(3) organız	ation, ▶┌
S	ection C. Computation of Pub	lic Support I	Percentage					
14	Public Support Percentage for 2011	1 (line 6 column	(f) divided by line :	11 column (f))		14		61 250 %
15	Public Support Percentage for 2010) Schedule A , P a	irt II, line 14			15		59 290 %
16a	33 1/3% support test—2011. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more	, check t	his box ► ✓
	33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization meeorganization	n qualifies as a p — 2011. If the org tion meets the "i	ublicly supported of anization did not c facts and circumst	organization heck a box on lin ances" test, chec	e 13, 16a, or 16b ck this box and st e	and line	14 Explain	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	tion meets the "f	facts and circumst	ances" test The	organızatıon qualı	fies as a	publicly	▶ ┌
18	Private Foundation If the organizat instructions	ion did not check	c a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and s	see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493052004153

OMB No 1545-0047

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

┌ No

If th	e organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46	(Politic	cal Ca	m pai	gn Activit	ies),
	ction 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C					
	ection 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not com-	nolete Pa	art I-B			
	ection 527 organizations Complete Part I-A only					
If th	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47	7 (Lobb	ying <i>i</i>	Activi	ities), the	n
. S∈	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part	I-A Do	not co	mplete	e Part II-B	
	ection $501(c)(3)$ organizations that have NOT filed Form 5768 (election under section $501(h)$) Complete				•	II-A
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, lin	e 35c (I	Proxy	Tax)	, then	
	ection 501(c)(4), (5), or (6) organizations Complete Part III			. L. C		
	me of the organization tional Women's Law Center	mploye	eriden	itifica	tion numbe	er
		52-121	3010			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s	ectior	า 527	' org	anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities on beh in opposition to candidates for public office in Part IV	alf of or	-			
2	Political expenditures)	p -	\$		
3	Volunteer hours			_		
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		►	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		F	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				┌ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
b	If "Yes," describe in Part IV					
Pai	t I-C Complete if the organization is exempt under section 501(c) except s	ectio	n 50:	1(c)((3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	tivities	•	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	27				
	exempt funtion activities		Þ	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7b	•			

Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

i Subtract line 1f from line 1c If zero or less, enter -0-

	······································	ı agı
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 576	8 (election
	under section 501(h)).	

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

<u>B</u>	Check If the filing organization checked box	A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	21,482	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	184,084	
С	Total lobbying expenditures (add lines 1a and 1b	o)	205,566	
d	Other exempt purpose expenditures		9,220,675	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	9,426,241	
f	Lobbying nontaxable amount Enter the amount f columns	621,312		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	•	155,328	
h	Subtract line 1g from line 1a If zero or less, ente			

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

_	Voc	N
	res	 INC

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

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2a	Lobbying non-taxable amount	558,761	565,263	577,511	621,312	2,322,847		
_b	Lobbying ceiling amount (150% of line 2a, column(e))					3,484,271		
_с	Total lobbying expenditures	144,047	408,868	286,635	205,566	1,045,116		
_d	Grassroots non-taxable amount	139,690	141,316	144,378	155,328	580,712		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					871,068		
f	Grassroots lobbying expenditures	11,154	153,477		21,482	254,488		

_	edule C (Form 990 or 990-EZ) 2011				Page 3																				
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 																				
		(a)		(a)		(a)		(a)		(a)		<u>(a)</u>		<u>(a)</u>		(a)		(a)		(a)		<u>(a)</u>		(b)
		Yes	No	Am	ount																				
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of																								
а	Volunteers?																								
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?																								
C	Media advertisements?																								
d	Mailings to members, legislators, or the public?																								
е	Publications, or published or broadcast statements?																								
f	Grants to other organizations for lobbying purposes?																								
g	Direct contact with legislators, their staffs, government officials, or a legislative body?																								
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?																								
i	O ther activities? If "Yes," describe in Part IV																								
j	Total lines 1c through 1i		_																						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?																								
b	If "Yes," enter the amount of any tax incurred under section 4912																								
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912																								
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?																								
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion																				
			_	Y	es No																				
1	Were substantially all (90% or more) dues received nondeductible by members?			1																					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2																					
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3																					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion																				
1	Dues, assessments and similar amounts from members	1																							
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).																								
а	Current year	2a																							
b	Carryover from last year	2b																							
C	Total	2c																							
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3																							
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4																							
5	Taxable amount of lobbying and political expenditures (see instructions)	5																							

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493052004153

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

	me or the organization Ional Women's Law Center		'	:mpi	loyer identir	ication n	umber	
			5	2-1	213010			
a	organizations Maintaining Donor organization answered "Yes" to Form	990, Part IV, line 6.					•	
		(a) Donor advised fun	ids	(b) Funds and	d other a	ccount	S
	Total number at end of year							
	Aggregate contributions to (during year)							
	Aggregate grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor a funds are the organization's property, subject to t			advi	sed	Г	es (┌ No
	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the l conferring impermissible private benefit					Г	es/	Γ Nα
	rt II Conservation Easements. Comple	to if the organization answers	ad "Vas" to E	orm	000 Dart	•		,
	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qu	eation or pleasure)	vation of an his vation of a cert	ified	d historic str		d area	
	easement on the last day of the tax year				Held at t	he End o	f the Y	'ear
	Total number of conservation easements		2	а				
	Total acreage restricted by conservation easeme	nts	2	b				
	Number of conservation easements on a certified	historic structure included in (a)	2	c				
	Number of conservation easements included in (c) acquired after 8/17/06	2	d				
	Number of conservation easements modified, tran	nsferred, released, extinguished, o	r terminated b	y th	e organizatio	n during		
	the taxable year 🛌							
	Number of states where property subject to conse	ervation easement is located 🛌						
	Does the organization have a written policy regard enforcement of the conservation easements it hol		ection, handlin	g of	violations, a	nd 「\	es/	┌ No
	Staff and volunteer hours devoted to monitoring, i	nspecting and enforcing conserva	ition easement	s du	uring the yea	r ►		
	A mount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation	easements du	ırıng	the year			
	Does each conservation easement reported on lin	ne 2(d) above satisfy the requirem	ents of section	n				
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	ie z(u) ubove butior, the requirem		•		┌	es (┌ No
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization						
1	Organizations Maintaining Collec Complete if the organization answere			Otł	ner Simila	r Asse	ts.	_
	If the organization elected, as permitted under SF art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education	n or research ı	n fui				
	If the organization elected, as permitted under SF historical treasures, or other similar assets held f provide the following amounts relating to these ite	for public exhibition, education, or					•	
	(i) Revenues included in Form 990, Part VIII, lin	e 1			► \$			
	(ii) Assets included in Form 990, Part X				► \$			
	If the organization received or held works of art, h following amounts required to be reported under S		arassets for fi	nand	cıal gaın, pro	vide the		
	rovide the following amounts relating to these ite (i) Revenues included in Form 990, Part VIII, lin (ii) Assets included in Form 990, Part X If the organization received or held works of art, h	ems e 1 ustorical treasures, or other simila			►\$ ►\$			

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	III Organizations Maintaining Co	llections of Art	, His	tori	cal Tre	easu	res, or O	the	r Similar Asse	ets (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	_		_		se of its collection	n	
а	Public exhibition		d	Γ	Loan o	rexch	nange progi	ams			
b	Scholarly research		e	\vdash	Other						
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ın hov	v they	/ further	the o	rganızatıor	ı's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	jements. Comple	ete ıf	the o	organız	ation			<u> </u>		,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	ediary	for c	ontribut	ions o	rotherass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the	follow	ıng ta	able		Г		A		
_							-	_	Amoi	ınt	
C	Beginning balance						F	1c			
d	Additions during the year							1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?						Г	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV										
Par	Endowment Funds. Complete	If the organization (a)Current Year		were Prior Y			F <mark>orm 990,</mark> To Years Back			a \ Eour\	ears Back
1a	Beginning of year balance	14,622,015	(D)		402,651	(C)IW	11,036,75		12,488,209	e)rour i	rears back
b	Contributions	194,810			422,220		500,60	_	535,893		
c	Investment earnings or losses	135,521			436,696		1,371,19		-1,963,108		
d	Grants or scholarships	,		,	,		, ,		, ,		
e	Other expenditures for facilities and programs	629,684			598,647		466,68	31			
f	Administrative expenses	40,709			40,905		39,21	.8	24,242		
g	End of year balance	14,281,953		14,	622,015		12,402,65	_	11,036,752		
2	Provide the estimated percentage of the year		a c						, ,		
		ii eliu balalice lielu i	as								
а	Board designated or quasi-endowment Permanent endowment 98 650 %										
Ь	remailent endowment p										
	Term endowment ► 1 350 %	6.1									
За	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	tnat a	ire neid	and a	aministere	a for	tne	Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)		No
b	If "Yes" to $3a(II)$, are the related organization	•							3b		
4	Describe in Part XIV the intended uses of the	ne organization's en	dowme	ent fu	nds						
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	ırt X,	line 10	0			<u></u>	1	
	Description of property) Cost or sis (invest		(b)Cost or obasis (oth		(c) Accumulated depreciation	(d) B	ook value
1 a L	and										
b E	Buildings										
c L	easehold improvements						819	9,037	541,104		277,933
d E	Equipment						900),119	674,104		226,015
e (Other		•								0
	. Add lines 1a-1e <i>(Column (d) should equal F</i>			, line	10(c).)				►		503,948
	,		. /						Schedule D (I	Form 9	-

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	. ,	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A) Pooled Equity Fund	14,996,384	F
(A) I doled Equity I und	14,550,504	<u>'</u>
(B) Pooled Bond Fund	8,361,371	F
· ·		
Total. (Column (b) should equal Form 990. Part X. col (B) line 12)	22 257 755	
	//-	
Part VIII Investments—Program Related. See	e Form 990, Part X, line .	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		1 (1)
(a) Decrir		I (b) Rook value
(a) Descrip	otion	(b) Book value
(a) Descrip	otion	(b) Book value
(a) Descrip	ction	(b) Book value
(a) Descrip	octon	(b) Book value
(a) Descrip	cton	(b) Book value
(a) Descrip	cton	(b) Book value
(a) Descrip	cton	(b) Book value
(a) Descrip	ction	(b) Book value
(a) Descrip	cton	(b) Book value
(a) Descrip	ction	(b) Book value
(a) Descrip	ction	(b) Book value
(a) Descrip	ction	(b) Book value
(a) Descrip	ction	(b) Book value
(a) Descrip	ction	(b) Book value
(a) Descrip	CION	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Deferred compensation Sub-tenant security deposit	5.)	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,404,723
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,426,241
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,021,518
4	Net unrealized gains (losses) on investments	4	-287,334
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-287,334
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,308,852
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	9,600,103
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,260,649
3	Subtract line 2e from line 1	3	8,339,454
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 65,269		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	65,269
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,404,723
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	10,908,955
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,547,983
3	Subtract line 2e from line 1	3	9,360,972
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 65,269		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	65,269
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,426,241
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	The endowment is intended to generate income for the general support of the center
Description of Uncertain Tax Positions Under FIN 48	Part X	Pursuant to FASB ASC 740-10, the Center reviews and assesses all activities annually to identify any changes in the scope of the activities and revenue sources and the tax treatment thereof to identify any uncertain tax positions. At June 30, 2012, management did not identify any uncertain tax positions requiring recognition or disclosure in these financial statements. Tax years reasonably considered open and subject to examination include returns for the years ended June 30, 2009 through June 30, 2011.
Part XII, Line 2d - Other Adjustments		Special Events Revenue Offset 351,005
Part XIII, Line 2d - Other Adjustments		Special Events Expenses 351,005

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As Filed Data -

DLN: 93493052004153

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE G
(Form 990 or 990-EZ)
Supplemental Information Regarding
Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to 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. See separate instructions.

Name of the organization National Women's Law Center Employer identification number
52-1213010

26	Fundraising Ac	tivities. Complet	te ii tile t	organiza	LIOII	answered res	to Form 990, Part IV	, iiie 17.			
1	Indicate whether the organ	nızatıon raısed funds	through a	any of the	follo	wing activities Ch	eck all that apply				
а	Mail solicitations			е	Γ	Solicitation of no	n-government grants				
Ь	Internet and e-mail so	olicitations		f	Solicitation of government grants						
c	Phone solicitations			g	\sqcap	Special fundraisii	ng events				
d	☐ In-person solicitation	S									
2a	Did the organization have or key employees listed in	Form 990, Part VII	() or entity	ın conne	ction	with professional	fundraising services?	Г Yes Г No			
b	If "Yes," list the ten higher to be compensated at leas										
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
			Yes	No							
Tota	ıl			•							
3	List all states in which the licensing	organization is regi	stered or I	licensed t	o sol	ıcıt funds or has b	een notified it is exempt	from registration or			

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					
		· · ·	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			2011 Awards Dinner (event type)	2012 Awards Dinner (event type)	(total number)	(Add col (a) through col (c))	
₽	1	Gross receipts	1,040,789	75,000	102,785	1,218,574	
Revenue	2	Less Charitable contributions	930,869	63,720	93,685	1,088,274	
	3	Gross income (line 1 minus line 2)	109,920	11,280	9,100	130,300	
	4	Cash prizes					
မွာ	5	Non-cash prizes					
Expenses	6	Rent/facility costs					
ă	7	Food and beverages	263,712		6,337	270,049	
Drea	8	8 Entertainment					
Δ	9	9 Other direct expenses . 79,311 1,645					
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	(351,005)	
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-220,705	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
	1	Gross revenue					
9. 9.	2	Cash prizes					
Expenses	3	Non-cash prizes					
ш 5	4	Rent/facility costs					
Direct	5	Other direct expenses					
	6	Volunteer labor	┌ Yes ┌ No	┌ Yes	│ Yes │ No		
	7	Direct expense summary Add lines	s 2 through 5 in column (d)		()	
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> ► </u>		
Penter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?							
10a b		re any of the organization's gaming l	icenses revoked, susper	ded or terminated during	the tax year?	· · Fyes FNo	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

National Women's Law Center

DLN: 93493052004153

OMB No 1545-0047

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

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

Inspection Employer identification number

52-1213010

Part I General Inform	mation on Grants	and Assistance				32-1213010	
 Does the organization ma the selection criteria used Describe in Part IV the organization 	ıntaın records to sub: d to award the grants	stantiate the amount of the or assistance?					Ves Γ
Form 990, Part I	V, line 21 for any	Governments and recipient that received (0) if additional space	d more than \$5,000	. Check this box if	no one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sargent Shriver National Center on Poverty Law50 E Washington Street 500 Chicago,IL 60602	36-3151279	501(c)(3)	10,000		othery		To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
(2) Colorado Consumer Health Initiative1536 Wynkoop Street Suite 101 Denver, CO 80202	84-1145452	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
(3) National Women's Health Network Inc- MD Women's Coalition for Health Care 1413 K Street NW 4th Floor Washington, DC 20005	52-1081261	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
(4) Consumers for Affordable Health Care12 Church Street Augusta,ME 04330	04-3366975	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
(5) TakeAction Minnesota Education Fund1821 University Ave W S-137 Saint Paul, MN 55104	41-1635130	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
(6) Women's Opportunity and Resource Development Inc- Montana Women Vote 2525 Palmer St Suite 1 Missoula, MT 59808	81-0362732	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
(7) Center of Southwest Culture- Collective Action Strategies500 Copper Ave NW 103 Albuquerque, NM 87102	85-0402832	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
(8) Women's Law Project125 South Street Suite 300 Philadelphia, PA 19107	23-7354667	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
(9) Northwest Health Law Advocates4759 15th Ave NE Suite 305 Seattle, WA 98105	91-1961032	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
(10) Wisconsin Alliance for Women's Health Inc111 King Street Suite 32 Madison, WI 53703	80-0287566	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination

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

10

Grants in the U S

(a)Type of grant or assistance

(b) Number of

(f)Description of non-cash assistance

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	_
	Use Schedule I-1 (Form 990) if additional space is needed.	

(d)A mount of

(e)Method of valuation

against grant deliverables. The grantees provide a year-end report detailing how they used the grant money and met their

deliverables based on their grant proposal. The Center reviews the report for compliance to grant requirements, and requests

(c)A mount of

changes if necessary

(a) Type of grant	t of assistance	recipients	cash grant	non-cash assistance	(book, FMV, appraisal, other)	(1)Description of non-custil assistance
Part IV Suppl	emental Informa	ition. Complete this	part to provide the info	ormation required in Pai	rt I, line 2, and any other a	additional information.
Identifier	Return Referen	ice Ex	planation			
Procedure for Monitorin	ng Part I, Line 2	Sch	nedule I , Part I , Line 2 Th	e Center is in contact with	grantees periodically during th	ne grant period to discuss progress

Software ID:

Software Version:

EIN: 52-1213010

Name: National Women's Law Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and (b) FIN (c) IRC Code (d) Amount of (e) Amount of (f) Method of (g) Description (h) Purpose of

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sargent Shriver National Center on Poverty Law50 E Washington Street 500 Chicago,IL 60602	36- 3151279	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
Colorado Consumer Health Initiative 1536 Wynkoop Street Suite 101 Denver, CO 80202	84- 1145452	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Women's Health Network Inc- MD Women's Coalition for Health Care1413 K Street NW 4th Floor Washington, DC 20005	52- 1081261	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
Consumers for Affordable Health Care12 Church Street Augusta, ME 04330	04- 3366975	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TakeAction Minnesota Education Fund 1821 University Ave W S-137 Saint Paul, MN 55104	41- 1635130	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
Women's Opportunity and Resource Development Inc- Montana Women Vote2525 Palmer St Suite 1 Missoula, MT 59808	81- 0362732	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center of Southwest Culture- Collective Action Strategies 500 Copper Ave NW 103 Albuquerque, NM 87102	85- 0402832	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
Women's Law Project125 South Street Suite 300 Philadelphia, PA 19107	23- 7354667	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwest Health Law Advocates 4759 15th Ave NE Suite 305 Seattle, WA 98105	91- 1961032	501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination
Wisconsin Alliance for Women's Health Inc111 King Street Suite 32 Madison, WI 53703		501(c)(3)	10,000				To provide resources for targeted policy analysis to implement the Affordable Care Act at the state level in a way that is responsive to women's needs and free from gender discrimination

DLN: 93493052004153

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	the	orga	niza	ition
Nationa	ΙW	omer	n's La	w Ce	nter

Employer identification number

52-1213010

Pa	Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		y			
	Compensation committee	Ļ	Written employment contract			
	✓ Independent compensation consultant	<u> </u>				
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					_
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			
				8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensation		reportable	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Nancy Duff Campbell	(I) (II)	290,112 0	37,524 0	16,500 0	14,700 0	25,779 0	384,615 0	
(2) Marcıa D Greenberger	(I) (II)	288,184 0	37,524 0	16,500 0	14,700 0	20,032 0	376,940 0	
(3) Joan Entmacher	(ı) (ıı)	169,821 0	0 0	0	10,809 0	26,104 0	206,734 0	
(4) Judith Waxman	(ı) (ıı)	170,080 0	0 0	0	10,490 0	13,545 0	194,115 0	
(5) Krıs Robinson	(I) (II)	157,019 0	0 0	0	9,679 0	11,030 0	177,728 0	
(6) Karen Schneider	(I) (II)	160,179 0	0	0 0	2,681 0	6,089 0	168,949 0	
(7) Mano Koılpıllaı	(I) (II)	136,178 0	0	0 0	0	34,915 0	171,093 0	
(8) Helen Blank	(I) (II)	159,273 0	0	0	9,769 0	11,399 0	180,441 0	
(9) Regina Oldak	(I) (II)	143,339	0	0	5,348 0	6,977 0	155,664	

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	· '	Bonuses in(b)(ii) and Deferred Compensation in (c) are determined based on performance, resources available and a compensation survey to ensure reasonableness

Schedule J (Form 990) 2011

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DLN: 93493052004153

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public Inspection

	e of the organization nal Women's Law Center				Employer identificat	ion nu	mber	
atio	Women's Ew Center				52-1213010			
Pa	rt I Types of Property			•				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of de contribution	etermi	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	15	1,742,646	Transfer price			
10	Securities—Closely held stock $. $							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
	O ther ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29		l I	
20-	During the year, did the organiza	tion rocall	a by contribution any propa	erty rapartad in Dart I. lines	1 20 +65+ +		Yes	No
SUa								
	must hold for at least three year				ed to be used			
_	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangeme			_			<u> </u>	
	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
	If "Yes," describe in Part II If the organization did not report	: revenues i	n column (c) for a type of p	roperty for which column (a	ı) ıs checked,			

describe in Part II

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493052004153

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization National Women's Law Center **Employer identification number**

52-1213010

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Iine 11	The Center's Controller does the first review internally by matching all numbers to the financial statements and records, and checking all non-quantitative responses for accuracy before a second internal review is done by the Vice President - Finance & Administration and a third review by a Co-President. The Center's outside legal counsel then reviews the document. The Audit Committee of the Board of Directors thereafter reviews the document, and it is then provided to all members of the Board of Directors before it is filed.
	Form 990, Part VI, Section B, Inne 12c	Each year, members of the Board of Directors and key employees are required to complete a form disclosing any interests that may give rise to a conflict of interest. These forms are used to help determine issues on which potential conflicts might arise. In addition, as law yers, the Co-Presidents are particularly sensitive to potential conflicts of interest and to avoiding even the appearance of a conflict by promptly discussing any potential conflicts with the relevant individuals
	Form 990, Part VI, Section B, Iine 15	An outside consultant is hired to analyze current center staff compensation based on the most current national and Washington, DC Area survey data on compensation comparability from the PRM Consulting, management compensation report (Not-For-Profit Organization). The Survey includes a wide range of organizations, and it gives results according to budget size that are highly correlated to compensation rates. As part of the analysis, the outside consultant reviews the center's benefits for reasonableness and in comparison to other comparable organizations. The compensation information in the 990's of organizations similar to the Center is also reviewed for comparability. The two Co-Presidents make recommendations to the compensation committee of the Board of Directors on what the compensation of key employees and other high level employees should be, based on the outside consultant's report, for approval by the compensation committee. The compensation committee also determines the compensation of the Co-Presidents, based on the outside consultant's report, and the compensation information from the 990's of similar organizations. All deliberations and decisions of the compensation committee are reflected in contemporaneously drafted and approved minutes of the committee.
	Form 990, Part VI, Section C, line 19	The Center's articles of incorporation are available for public examination at the office of the District of Columbia Corporations Division. The Center's audited financial statements are available on its wiebsite. The Center makes available its governing documents and conflict of interest policy upon request, but, in accordance with applicable law, reserves the right to withhold this information in its discretion.
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -287,334

Software ID: Software Version:

EIN: 52-1213010

Name: National Women's Law Center

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F)												
(A) Name and Title	(B) Average hours		tion that a	(che	y)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
Brooksley Born Chair	8 00	х						0	0	0		
Nancy Duff Campbell Co-President/Director	37 50	Х		Х				344,136	0	40,479		
Marcıa D Greenberger Co-President/Director	37 50	Х		х				342,208	0	34,732		
Kım Askew Dırector	5 00	Х						0	0	0		
Sheila Birnbaum Director	5 00	Х						0	0	0		
Stephen M Cutler Director	5 00	Х						0	0	0		
Theresa L Davis Director	5 00	Х						0	0	0		
Natalia Delgado Director	5 00	Х						0	0	0		
Anıta F Hıll Dırector	5 00	Х						0	0	0		
Elaine R Jones Director	5 00	Х						0	0	0		
Eileen Kirlin Director	5 00	Х						0	0	0		
Jonathan A Knee Dırector	5 00	Х						0	0	0		
Deborah Slaner Larkın Dırector	5 00	Х						0	0	0		
Nancy C Loeb Director	5 00	Х						0	0	0		
Thurgood Marshall Jr Secretary/Treasurer	5 00	Х		х				0	0	0		
John W Martin Jr Director	5 00	Х						0	0	0		
Judith A Maynes Director	5 00	Х						0	0	0		
Nicole Rabner Director	5 00	Х						0	0	0		
Anthony D Romero Director	5 00	Х						0	0	0		
Shirley Sagawa Director	5 00	Х						0	0	0		
Jane Sherburne Dırector	5 00	Х						0	0	0		
Elizabeth H Shuler Director	5 00	Х						0	0	0		
Joan Entmacher VP- Family Economic Security	37 50				Х			169,821	0	36,913		
Judith Waxman VP - Health/Repro	37 50				Х			170,080	0	24,035		
Krıs Robinson VP - Development	37 50				х			157,019	0	20,709		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Independent contractors												
(A) Name and Tıtle	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	week or a line key		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations					
Karen Schneider VP - Communications	37 50				х			160,179	0	8,770		
Mano Koilpillai VP- Admin & Finance	37 50					x		136,178	0	34,915		
Helen Blank Dır of Child Care & Early Learning	37 50					×		159,273	0	21,168		
Regina Oldak Senior Counsel	37 50					x		143,339	0	12,325		
Fatima Goss Graves Vice President for Education and Employment	37 50					х		103,883	0	38,601		
Andrea Koeppel Controller & Dırector of O perations	37 50					х		125,258	0	14,768		