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DLN: 93493130028407

OMB No 1545-0047

Department of the Treasury

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

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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Inspection

nterna	ai Rever	nue Serv	ice							
\ Fo	or the	2015 c	alendar year, or tax year beg	ginning 07-01-2015 , and ending	g 06-30-20	016				
Che	eck if ap	pplicable	C Name of organization National Women's Law Center	r			D Emplo	yer i	identification number	
_	ldress cl	-					52-12	2130	010	
_	me cha	-	Doing business as							
_	itial retu nal	urn					F Talanh		har	
	termina	ated	Number and street (or P O bo 11 Dupont Circle NW No 800	ox if mail is not delivered to street addre	ss) Room/s	suite	E Teleph	Jile III	umber	
Am	ended i	return	·				(202)	588	3-5180	
App	olication	n pending	City or town, state or province Washington, DC 20036	e, country, and ZIP or foreign postal cod	e					
						1	G Gross	receip	ots \$ 10,539,858	
			F Name and address of p Nancy Duff Campbell	rincipal officer		H(a) I	s this a group	retu		
			11 Dupont Circle NW No	800		9	subordinates?		☐ Yes 🗸	
			Washington, DC 20036			Н(в) А	No Are all subord	ınate	es Even En	
Tax	x-exem	pt status	501(c)(3) 501(c)() ◀ (insert no)	527	`´ ı	ncluded?		Tes No	
W	ebsite	: ▶ wv	vw nwlc org				f "No," attach	ı a lıs	st (see instructions)	
							Group exempt			
(Forn	n of org	ganızatıo	n 🗸 Corporation 🗆 Trust 🗀 A	Association Other >		L Year	of formation 19	³⁸¹	M State of legal domicile DC	
Dэ	rt I	Sun	nmary							
Fæ				ssion or most significant activities	25					
			ice and protect women's lega	_						
u S	_									
ŧ										
ב ע	2 0	`heck t	his hov • C if the organizati	ion discontinued its operations o	r disnosed	d of more th	nan 25% of its	e net	accetc	
GOVERNANCE		HECK	ins box P If the organizati	ion discontinued its operations o	гизрозес	or more ti	Idii 23 /0 01 its	, nec	. 455015	
5 5	3 N	lumber	of voting members of the go	overning body (Part VI, line 1a)				3	26	
À	4 N	lumber	of independent voting memb	bers of the governing body (Part V	/I, line 1b)		4	24	
Š	5 T	otal nu	ımber of ındıvıduals employe	ed in calendar year 2015 (Part V ,	line 2a)			5	74	
*CIIVIIE	6 ⊺	otal nu	ımber of volunteers (estımat	e if necessary)				6	45	
•	7 a ⊤	otal ur	related business revenue fro	om Part VIII, column (C), line 12				7a	0	
	b Ne	et unrel	lated business taxable incon	me from Form 990-T, line 34 .				7b		
							Prior Year		Current Year	
	8	Cont	ributions and grants (Part V I	III, line 1h)			4,900,	595	9,373,746	
Ę	9	Progr	ram service revenue (Part V	III, line 2g)			180,	455	173,265	
Ravenue	10	Inves	stment income (Part VIII, co	olumn (A), lines 3, 4, and 7d) .			619,	731	705,441	
ď	11	Othe	r revenue (Part VIII, columr	n (A), lines 5, 6d, 8c, 9c, 10c, an	d 11e)		60,	892	43,483	
	12	Total	revenue—add lines 8 through	gh 11 (must equal Part VIII, colu	ımn (A), lı	ne	5,761,	673	10,295,935	
		12)								
	13		•	(Part IX, column (A), lines 1-3)			15,	000		
	14		•	Part IX, column (A), line 4) .				0	0	
SS.	15	Salar 5-10		nployee benefits (Part IX, column	(A), lines		7,929,	573	7,283,660	
Expenses	16a		,	art IX, column (A), line 11e) .				0	0	
e do	ь		undraising expenses (Part IX, colui	• • • • • • • • • • • • • • • • • • • •						
ū	17		ž , , ,	(A), lines 11a-11d, 11f-24e)			2,453,	167	2,271,118	
	18			7 (must equal Part IX, column (A			10,397,	-		
	19		•	t line 18 from line 12			-4,636,	-		
× %			'							
Net Assets of Fund Balances						beginn	ing of Current	ा स्वा	End of Year	
83	20	Total	assets (Part X, line 16) .				41,248,	$\overline{}$		
2 2	21	Total	liabilities (Part X, line 26)				2,489,	460	3,206,123	
	22		ssets or fund balances Sub	tract line 21 from line 20			38,759,	398	38,694,342	
	t II		nature Block	ve examined this return, including		nuna seh	adulas and sta		onto and to the heat of	
	•			d complete Declaration of prepai		, -			•	
repa	rer ha	s any k	knowledge		•					
			**				2017.05.00			
`:		I B —	nature of officer				2017-05-09 Date			
Sign Here		,								
	-		ncy Duff Campbell Co-Pres e or print name and title							
			Print/Type preparer's name	Preparer's signature	Т	Date		PTIN		
aic	4		Nicole M Prince CPA	Nicole M Prince CPA		2017-05-09	Check If self-employed	P01	.315245	
	a pare	, r	Firm's name	any PLLC			Firm's EIN ► 5	8-267	76261	
	-		Fırm's address ▶ 8300 Boone Boul	levard Suite 600			Phone no (703	3) 893	3-0300	
Jse Only			Vienna, VA 22182							

. ✓Yes No

7,526,836

Total program service expenses ▶

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 👲	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	3		No
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		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	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, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11 b	Yes	
	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	11 c	1	No
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥦	11 d		No
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 and XII	12 a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

1 0111	The complete Schedules (continued) 1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	rage ¬		
Pa	t IV Checklist of Required Schedules (continued)			
21		21		No
22		22		No
23	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"		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 lines 24b through 24d and complete Schedule K If "No." go to line 25a	24a		No

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes."

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

24a 24b

24c 24d 25a

Nο

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Nο

Nο

Νo

Nο

25b Νo

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		N/			
		Check it Schedule o contains a response of flote to any line in this	rait	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	11		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L ne organization comply with backup withholding rules for reportable payments to	n venc	fors and reportable			
٠		ig (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	74			
ь.	•	s return			2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the y	/ear?	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc int)?	count,	or other financial	4a		No
h		,					NO
b		s," enter the name of the foreign country nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and I	Einancial Accounts			
	(FBAF		C and i	maneral Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	ng the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		ŀ	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
_		o, to me of or, and the organization more of the order			5c		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
h	_	s," did the organization include with every solicitation an express statement th		ŀ			
b		not tax deductible?		· · · ·	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a	Yes	
h		es provided to the payor?			7b	Yes	
		ie organization sell, exchange, or otherwise dispose of tangible personal proper			76	163	
•		orm 8282?	• • .	· · · · · ·	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \dots $oxedsymbol{f f f f f f f f f f f f f $	7d				
e	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
					7e		No
		ne organization, during the year, pay premiums, directly or indirectly, on a perso		ŀ	7f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the ored?	rganız 	ation file Form 8899 as	7 g		
h	•	organization received a contribution of cars, boats, airplanes, or other vehicles	s, did t	the organization file a			
		1098-C?			7 h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	siness	s holdings at any time			
		the year?		· · · · ·	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966	· .		9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on 501(c)(7) organizations. Enter	·				
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilit						
		on 501(c)(12) organizations. Enter Income from members or shareholders	11a				
		income from other sources (Do not net amounts due or paid to other sources	110				
_		st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lie	u of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
	year		12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? N	ote. S	ee the instructions for			
_		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
		L ne organization receive any payments for indoor tanning services during the tax		·	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explana	•	•	14b		
				L			

101111 330 (2	.013)
Part VI	Governance, Management, and Disclosure
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lin
	decembe the average process of the process of Cohodule O. Con instructions

nes 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Se	ction A. Governing Body and Management			•
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 26			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CT, FL, GA, HI, II MI, MN, MS, NH, NJ, NM, NY, NC, , TN, UT, VA, WV, WI			
_				

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

✓ Own website Another's website ✓ Upon request Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- - State the name, address, and telephone number of the person who possesses the organization's books and records ►The Organization 11 Dupont Circle NW 800 Washington, DC 20036 (202) 588-5180

Part VII

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. 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 organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (con	ntinued)	
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(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related organizations	
See Additional Data Table											
1b Sub-Total						•					
c Total from continuation sheet						. 🏲					
d Total (add lines 1b and 1c) .					•	>		2,619,811	3,645	534,067	

- **2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 18
- \$100,000 of reportable compensation from the organization ▶ 18

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

Section B. Independent Contractors

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

(B) Description of services	(C) Compensation
Research	120,100

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Company Comp	Form 99								Page 9
Tela invenue Tela Prevenue Tela Prevenue	Part V	/1111							
### ### ### #### #####################			Check If Schedi	ule O contains a resp	onse or note to any lir	(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
2000000000000000000000000000000000000		1a	Federated cam	paigns 1	a				
2000000000000000000000000000000000000	ants	Ь	Membership du	es 1	b				
2000000000000000000000000000000000000	Gr.	c	Fundraising eve	ents 1	.c 1,292,138				
2000000000000000000000000000000000000	fts. ⊏ A	d	Related organiz	rations 1					
2000000000000000000000000000000000000			•						
2000000000000000000000000000000000000	Sin		_	_					
2000000000000000000000000000000000000	utic 1er	'	similar amounts no	ot included above	.,,081,008				
2000000000000000000000000000000000000	d j	g		ons included in lines	1,262,483				
2000000000000000000000000000000000000	on a	h	Total. Add lines	s 1a-1f		9,373,746			
3					Business Code				
3	ž.	2a	Legal fees			70,000	70,000		
3	£ ₹	ь	Contract income		900099	46,600	46,600		
3	Ce F	c	Conference income	2	900099	32,894	32,894		
3	κετα	d	Honoraria		900099	23,771	23,771		
3	8	e							
3	ogra	f	All other progra	am service revenue					
and other similar amounts) . ▶ 635,690	Ĕ	g	Total. Add lines	s 2a-2f	>	173,265			
10 10 10 10 10 10 10 10		3	Investment inc	ome (including divide	ends, interest,	635.690			635,690
10		4			F	033,030			033,030
10 10 10 10 10 10 10 10					· · · · · · · · · · · · · · · · · · ·				
Description			·		_				
C Remail mome 162,259		6a	Gross rents	162,269					
Total revenue See Instructions 162,269		Ь		0					
Total revenue Total revenu		c		162,269					
10 10 10 10 10 10 10 10		d		me or (loss)		162,269			162,269
Tom sales of assets other than inventory									
The state of the pass and sales expenses		7a	from sales of assets other	69,751					
Sales expenses C Gain or (loss) 69,751 69,751 69,751		ь		0					
d Net gain or (loss)			sales expenses						
Ba Gross income from fundraising events (not including \$ 1,292,138 of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b 243,923 c Net income or (loss) from fundraising events b -120,723 -120,723 -120,723 Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code 11a Miscellaneous income 900099 1,937 1,937 1,937		l .				69.751			69.751
C Net income or (loss) from fundraising events .	ænne æ		Gross income f	rom fundraising luding		,			,
C Net income or (loss) from fundraising events .	er Rev		of contributions	ie 18	_				
C Net income or (loss) from fundraising events .	O ₽			•		100 700			100 700
b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a Miscellaneous income 900099 1,937 1,937 b c d All other revenue e Total. Add lines 11a-11d			Gross income f	rom gaming activities ie 19	3	-120,723			-120,723
returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a Miscellaneous income b c d All other revenue e Total. Add lines 11a-11d		1		penses	ь				
b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Miscellaneous income 900099 1,937 1,937 b c		10a		owances .					
c Net income or (loss) from sales of inventory ▶ Business Code 11a Miscellaneous income 900099 1,937 1,937 b		h	Less costofa						
Miscellaneous Revenue Business Code 11a Miscellaneous income 900099 1,937 1,937 b — — — c — — — d All other revenue			_		ventory >				
b c d All other revenue			Miscellaneous	s Revenue	Business Code				
c d All other revenue		11a	Miscellaneous	ıncome	900099	1,937	1,937		
d All other revenue		b	-						
e Total. Add lines 11a-11d		c							
12 Total revenue. See Instructions									
10,295,935 175,202 0 746,987			Total. Add lines	s 11a-11d	•	1,937			
		12	Total revenue.	See Instructions .		10,295,935	175,202	_	

Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a response or note to any line in t	this Part IX			
	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 domestic organizations and domestic governments See Part IV, line 21	3,000	3,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,149,692	1,667,584	351,792	130,316
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	4,057,865	3,190,026	578,959	288,880
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	167,893	131,987	23,954	11,952
9	Other employee benefits	538,544	423,208	77,357	37,979
10	Payroll taxes	369,666	290,607	52,742	26,317
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	30,157	11,069	17,923	1,165
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	100,534		100,534	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	181,206	169,360	6,859	4,987
12	Advertising and promotion				
13	Office expenses	175,590	143,482	14,650	17,458
14	Information technology	182,072	148,328	10,444	23,300
15	Royalties				
16	Occupancy	1,008,595	789,947	135,489	83,159
17	Travel	85,798	75,445	1,913	8,440
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	109,500	108,345	1,155	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	196,114	161,130	21,656	13,328
23	Insurance	18,358	14,378	2,466	1,514
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Subscriptions/Pubs	88,795	78,112	17	10,666
b	Professional Dues/Regs	56,612	50,317	5,930	365
c	Miscellaneous	37,787	32,903	511	4,373
d	Indirect cost alloc	0	37,608		-37,608
e	All other expenses				<u> </u>
25	Total functional expenses. Add lines 1 through 24e	9,557,778	7,526,836	1,404,351	626,591
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶		, , ,	. , -	, -
		247,082	170,386	o	76,696

		2015)					Page 11				
Par	ťΧ	Balance Sheet Check if Schedule O contains a response or note to any lin	o in th	ıc Dart V			_				
		Check it Schedule O contains a response or note to any lin	ie in thi	IS PAILX	(A)	• •	(B)				
					Beginning of year		End of year				
	1	Cash-non-interest-bearing			402,454	1	329,691				
	2	Savings and temporary cash investments			4,989,632	2	5,669,580				
	3	Pledges and grants receivable, net			457,113	3	2,182,075				
	4	Accounts receivable, net			411,680	4	123,959				
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Schedule L	omplete	e Part II of							
sts	6	section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Pa II of Schedule L								
Assets						6					
Ř	7	Notes and loans receivable, net				7					
	8	Inventories for sale or use				8					
	9	Prepaid expenses and deferred charges			168,845	9	290,207				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,851,332							
	b	Less accumulated depreciation	10 b	972,989	404,232	10 c	878,343				
	11	Investments—publicly traded securities		11							
	12	Investments—other securities See Part IV, line 11 \cdot	34,352,699	12	32,349,228						
	13	Investments—program-related See Part IV, line 11 .				13					
	14	Intangible assets			31,806	14	50,792				
	15	Other assets See Part IV, line 11			30,397	15	26,590				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			41,248,858	16	41,900,465				
	17	Accounts payable and accrued expenses			592,627	17	555,552				
	18	Grants payable				18					
	19	Deferred revenue				19	115,873				
	20	Tax-exempt bond liabilities				20					
	21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D		21					
bilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and dis									
		persons Complete Part II of Schedule L				22					
E:	23	Secured mortgages and notes payable to unrelated third	parties			23					
	24	Unsecured notes and loans payable to unrelated third pa	rties			24					
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	ed third parties,							
					1,896,833	25	2,534,698				
	26	Total liabilities. Add lines 17 through 25			2,489,460	26	3,206,123				
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ▶	→ and complete							
an	27	Unrestricted net assets			10,921,826	27	11,098,099				
Ba	28	Temporarily restricted net assets			8,654,677	28	8,413,348				
Ę	29	Permanently restricted net assets			19,182,895	29	19,182,895				
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch	neck he	ere 🕨 🦵 and							
	30	complete lines 30 through 34.				20					
set	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building or equipment				30 31					
As	32	Retained earnings, endowment, accumulated income, or o				32					
Net Assets	33	Total net assets or fund balances		inus	38,759,398	33	38,694,342				
~	34	Total liabilities and net assets/fund balances			41,248,858	34	41,900,465				
		, otal habilities and net assets/fund buildiness	• •		41,240,000	J#	Form 990 (2015)				

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

Schedule O

Schedule O

a separate basis, consolidated basis, or both Separate basis Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

Cash ✓ Accrual COther

Both consolidated and separate basis

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

Nο

Form 990 (2015)

Separate basis ✓ Consolidated basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Single Audit Act and OMB Circular A-133?

basis, consolidated basis, or both

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Software ID: Software Version:

EIN: 52-1213010

Name: National Women's Law Center

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest employe organization Individual trustee organizations Institutional MISC) MISC) and related director. below organizations employee dotted line) t compenso Trustee i i i i i i 2 00 Jane Sherburne Х 0 Thurgood Marshall Jr Х Х 0 0 Secretary/Treasurer 37 40 Nancy Duff Campbell Х Χ 324,452 581 87,033 Co-President/Director 0 10 37 40 Marcia D Greenberger Х Χ 326,913 0 77,833 Co-President/Director 0 10 1 00 Kım Askew Х 0 Director Nina Beattie Х 0 Director 1 00 Brooksley Born Х 0 0 Director 1 00 Stephen M Cutler 0 Director 1.00 Theresa L Davis 0 Х 0 Director 1 00 Natalia Delgado 0 Director

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
Danielle C Gray Director	1 00	×						0	0	0	
Anita F Hill Director	1 00	×						0	0	0	
Shernlyn Ifill Director	1 00	×						0	0	0	
Elaine R Jones Director	1 00	×						0	0	0	
Eileen Kirlin Director	1 00	×						0	0	0	
Jonathan A Knee Director	1 00	×						0	0	0	
Deborah Slaner Larkın	1 00	V							0		

1 00

1 00

1 00

Х

Χ

Director

Director

Director

Nancy C Loeb

John W Martin Jr

Judith A Maynes Director

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

36,547

23,277

34,665

26,161

2,501

563

189,829

173,756

168,458

167,623

(A) Name and Title	(B) A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
Jayma M Meyer Director	1 00	x						0	0	0
Nicole Rabner Director	1 00	×						0	0	0
Anthony D Romero Director	1 00	×						0	0	0
Shirley Sagawa Director	1 00	×						0	0	0
Elizabeth H Shuler Director	1 00	x						0	0	0
Elisse B Walter Director	1 00	×						0	0	0
Joan Entmacher	37 50									

37 50

37 40

0 10 37 40

0 10

Х

Χ

Nancy Withbroe

Niesa Halpern

Emily Martin

VP - Family Economic Security

VP - Development/Strategy

VP Administration/Finance

VP & General Counsel

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

24,202

33,759

20,065

21,861

164,423

154,047

153,488

140,460

Χ

Χ

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
Karen Schneider VP - Communications	37 50				X			165,684	0	39,393	
Fatima Goss Graves VP for Education & Employment	37 50				×			162,180	0	45,774	
Gretchen Borchelt VP - Reproductive Rights & Health	37 50				х			152,010	0	40,848	
Helen Blank Dır Child Care & Early	37 50					x		176,488	0	22,651	

37 50

37 50

37 50

37 50

.

Regina Oldak

Sharon Levin

Andrea Koeppel

Controller

Dir of Gov't Relations

Director of Health Policy

Dir of Fed Reproductive Health

Karen Davenport

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

DLN: 93493130028407 OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

52-1213010

Department of the Treasury Internal Revenue Service Name of the organization

Part I

1

2 3

National Women's Law Center

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

9	İ_	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
10 11 a b c d e f g	Finter	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s).											
(i) Name of supported organization			(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	Is the orga Isted in your docum	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)					
					Yes	No							
Tota	ıl												
For F	Paperw	ork Reduction Act Noti	ce, see the In	structions for Form 99	90 or 990EZ.	Cat No 1:		990 or 990-EZ) 2015					

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear

(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	7,880,723	13,731,500	7,241,022	4,900,595	9,373,746	43,127,586
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	7,880,723	13,731,500	7,241,022	4,900,595	9,373,746	43,127,586
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,481,219
6	Public support. Subtract line 5 from line 4						27,646,367

	from line 4						
S	ection B. Total Support						
(01	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
7	Amounts from line 4	7,880,723	13,731,500	7,241,022	4,900,595	9,373,74	43,127,586
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	652,679	648,889	660,541	747,731	797,95	3,507,799
9	Net income from unrelated business activities, whether or not the business is regularly carried on		23,051				23,051
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,360	2,602	2,394	2,212	1,93	7 11,505
11	Total support. Add lines 7 through 10						46,669,941
12	Gross receipts from related activi	ties, etc (see ins	tructions)	•		12	763,802
13	First five years.If the Form 990 is	for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)	(3) organization,

check this box and stop here Section C. Computation of Public Support Percentage

14	Public support percentage for	2015 (line 6, column (f) d	livided by lir

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	59 240 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	55 830 %

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

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

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

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

▶□

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•		•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

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

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in					
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	quired)						
6 Other distributions (describe in Part VI) See instru	ictions						
· · · · · · · · · · · · · · · · · · ·	20010115						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		T	T				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
a							
b							
<u>c</u>							
d From 2013							
e From 2014							
f Total of lines 3a through e g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7 \$							
Applied to underdistributions of prior years							
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
a							
b							
c Excess from 2013							
d From 2014							
e From 2015							
			(F 000 000 F7) /2.01 F				

DLN: 93493130028407

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

3

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number National Women's Law Center 52-1213010 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Yes 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 (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0Grassroots nontaxable amount (enter 25% of line 1f)

155,716

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

A	Check	>	Г	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EII
				expenses, and share of excess lobbying expenditures)

	expenses, and share of excess lob	obying expenditures)	 roup member 3 num	c, address, E11
<u>B</u>		ying Expenditures	(a) Filing organization's	(b) Affiliated
	• • • • • • • • • • • • • • • • • • • •	neans amounts paid or incurred.)	 totals	
1a	Total lobbying expenditures to influence public lobbying)	125,082		
b	Total lobbying expenditures to influence a legis	270,056		
c	Total lobbying expenditures (add lines 1a and	395,138		
d	Other exempt purpose expenditures		9,062,106	
e	Total exempt purpose expenditures (add lines	1c and 1d)	9,457,244	
f	Lobbying nontaxable amount Enter the amount	from the following table in both columns	622,862	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

h	Subtract line 1g from line 1a If zero or less, enter -0-			o		
i	Subtract line 1f from line 1c If zero or less, enter -0-		0			
j	If there is an amount other than zero on either line 1h reporting section 4911 tax for this year?	or line 11, did the	_			
			Γ,	res ∏No		
	4-Year Averag (Some organizations that made a secti columns below. See the se Lobbying Expendit	on 501(h) ele eparate instru	ection do not uctions for lir	have to com les 2a throug	•	e five
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	759,632	687,090	665,413	622,862	2,734,997
b	Lobbying ceiling amount					4 102 496

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
	Lobbying Expen	ditures During 4	4-Year Avera	ging Period				
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) ⊤otal		
2a	Lobbying nontaxable amount	759,632	687,090	665,413	622,862	2,734,997		
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,102,496		
	Total labeles and the second	214 542	202 205	426.04.5	205 420	1 510 000		

j	reporting section 4911 tax for this year?	Tor fine 11, and the		Yes ∏ No		
	4-Year Avera (Some organizations that made a sec columns below. See the s		ection do not	have to com		ne five
	Lobbying Expend	itures During 4	I-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	759,632	687,090	665,413	622,862	2,734,997
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,102,496
c	Total lobbying expenditures	314,542	382,385	426,915	395,138	1,518,980
d	Grassroots nontaxable amount	189,908	171,773	166,353	155,716	683,750

Return Reference

	filed Form 5768 (election under section 501(h)).		-1		- \
for each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)	(1	
ctiv	ıty	Yes	No	A mo	unt
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	103			
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	Other activities?				
j	Total Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912			1	
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?				
ar	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01 (c)(5), c	or secti	on
			_	Ye	s N
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	_
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
aı	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
	Dues, assessments and similar amounts from members	1			
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
		2a	<u> </u>		
	Current year		I		
2	Current year Carryover from last year	2b			
a b	·	2c			
2 a b c	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	2c 3			
2 a b c 3	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2c			

Explanation

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

DLN: 93493130028407

SCHEDULE D

(Form 990)

Department of the

Supplemental Financial Statements

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

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

OMB No 1545-0047

Inspection

Schedule D (Form 990) 2015

Cat No 52283D

reasury
nternal Revenue Sen
Name of the org
National Women's L

Assets included in Form 990, Part X

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

Employer identification number anization aw Center 52-1213010 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

50110	eddie B (Form 330) 2013							rage Z
Par	t IIII Organizations N (continued)	1aintaining	Collections of A	Art, Historical	Treasur	es, or	Other Similar A	ssets
3	Using the organization's ac collection items (check all		ession, and other re	cords, check any	of the follow	ng that	are a significant us	se of its
а	Public exhibition			d Γ Lo	oan or excha	nge pro	grams	
b	Scholarly research			e	ther			
c	Preservation for future	e denerations						
4	Provide a description of the		s collections and ex	plain how they fur	ther the org	anızatıo	n's exempt purpose	e in
	Part XIII	_						
5	During the year, did the org assets to be sold to raise f							s No
Pai	rt IV Escrow and Cus Complete if the o Part X, line 21.		angements. answered "Yes" or	n Form 990, Pai	rt IV, line	9, or re	<u>'</u>	<u>'</u>
1a	Is the organization an ager included on Form 990, Part		stodian or other inter	rmediary for contr	ibutions or	other as	sets not	s No
ь	If "Yes," explain the arra	angement in F	Part XIII and complet	te the following ta	hle		Am	
c	Beginning balance	angement mi	are XIII and complete	te the following to	Dic	10		
d	Additions during the yea	r				10	i	
e	Distributions during the					16	2	,
f	Ending balance					11	Ī.	
2 a	Did the organization includ	e an amount o	on Form 990, Part X,	line 21, for escro	w or custod	al acco	unt liability? Ye	s No
b	If "Yes," explain the arrang	jement in Par	t XIII Check here ıf	the explanation h	as been pro	vided in	Part XIII	🗆
Pa	rt V Endowment Fur	ids. Comple	ete if the organizat	tion answered "			<u> </u>	
			(a)Current year	(b)Pnor year	b (c) Two ye		(d)Three years back	(e)Four years back
1a	Beginning of year balance		23,843,879	23,694,150		,693,333	14,281,953	14,622,015
b	Contributions				6	,000,000	94,390	194,810
c	Net investment earnings, g losses	jains, and	-151,561	933,997	2	,753,855	2,025,286	135,521
d	Grants or scholarships							
e	Other expenditures for faci and programs	lities	941,413	784,268		753,038	708,296	629,684
f	Administrative expenses							40,709
g	End of year balance		22,750,905	23,843,879	23	,694,150	15,693,333	14,281,953
_								
2	Provide the estimated perc	-	•	ance (line 1g, col	umn (a)) he	ld as		
а	Board designated or quasi-		•					
b	Permanent endowment >	84 320 %	15 600 0/					
С	Temporarily restricted end The percentages on lines 2		15 680 % should equal 100%					
3a	Are there endowment funds organization by		·	nızatıon that are h	neld and adr	nınıstere	ed for the	Yes No
	(i) unrelated organizations						3	a(i) No
	(ii) related organizations						<u> </u>	a(ii) No
b	If "Yes" on 3a(II), are the r							3b
4	rt VI Land, Buildings			endowment funds	i			
Fel			answered 'Yes' to	Form 990, Part	IV, line 1	1a.See	Form 990, Part >	K, line 10.
	Description of			(a) Cost or other (investme	r basıs Cost	(b) or other b (other)	Accumulated	d (d)Book value
1 a	Land							
b	Buildings							
	Leasehold improvements .					1,307	<u> </u>	<u> </u>
d	Equipment			.		543	,829 512,2	231 31,598

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

.

878,343

	See Form 990, Part X, line 12. (a) Description of security or catego (including name of security)	гу	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial				
(3) O ther			22.640.116	F
(A) Pooled E			22,649,116	
(B) Pooled B			9,625,838	F
(C) Private c	apital investment		74,274	F
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 12)	b	32,349,228	
	Investments—Program Related.	ad Wast on Form 000		
	Complete if the organization answer (a) Description of investment	ed Yes on Form 990	(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
	Other Assets. Complete if the organiza (a) Des	tion answered 'Yes' on	Form 990, Part IV, line 1:	Ld See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiza	tion answered 'Yes' on	Form 990, Part IV, line 1:	
	Other Assets. Complete if the organiza	tion answered 'Yes' on	Form 990, Part IV, line 1:	
	Other Assets. Complete if the organiza	tion answered 'Yes' on	Form 990, Part IV, line 1:	
	Other Assets. Complete if the organiza	tion answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX	Other Assets. Complete if the organiza (a) Des	tion answered 'Yes' on scription	Form 990, Part IV, line 1:	
Part IX Total. (Column	Other Assets. Complete if the organiza (a) Des	tion answered 'Yes' on scription e 15)		(b) Book value
Total. (Colum Part X	Other Assets. Complete if the organiza (a) Des (a) Des (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization of the property of the organization of the property of	e 15) rganization answere	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Colum Part X	on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on scription e 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Colum Part X	on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) rganization answered (b) Book value	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Colum Part X 1. Federal Inco	Other Assets. Complete if the organiza (a) Description of liability me taxes (a) Description of liability	e 15) rganization answere	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Colum Part X 1. Federal Inco	Other Assets. Complete if the organiza (a) Description of liability me taxes (a) Description of liability	e 15) rganization answered (b) Book value	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Colum Part X 1. Federal Inco Deferred con Sub-tenant s	Other Assets. Complete if the organiza (a) Description of liability me taxes (a) Description of liability	e 15) rganization answered (b) Book value		(b) Book value
Total. (Colum Part X 1. Federal Inco Deferred con Sub-tenant s	Other Assets. Complete if the organiza (a) Description of liability me taxes mpensation Other Seecurity deposit Ca) Description of liability	e 15) rganization answered (b) Book value 782,		(b) Book value
Total. (Colum Part X 1. Federal Inco Deferred con Sub-tenant s	Other Assets. Complete if the organiza (a) Description of liability me taxes mpensation Other Seecurity deposit Ca) Description of liability	e 15) rganization answered (b) Book value 782,		(b) Book value
Total. (Colum Part X 1. Federal Inco Deferred con Sub-tenant s	Other Assets. Complete if the organiza (a) Description of liability me taxes mpensation Other Seecurity deposit Ca) Description of liability	e 15) rganization answered (b) Book value		(b) Book value
Total. (Colum Part X 1. Federal Inco Deferred con Sub-tenant s	Other Assets. Complete if the organiza (a) Description of liability me taxes mpensation Other Seecurity deposit Ca) Description of liability	e 15) rganization answered (b) Book value		(b) Book value
Total. (Colum Part X 1. Federal Inco Deferred con Sub-tenant s	Other Assets. Complete if the organiza (a) Description of liability me taxes mpensation Other Seecurity deposit Ca) Description of liability	e 15) rganization answered (b) Book value		(b) Book value
Total. (Colum Part X 1. Federal Inco Deferred con Sub-tenant s	Other Assets. Complete if the organiza (a) Description of liability me taxes mpensation Other Seecurity deposit Ca) Description of liability	e 15) rganization answered (b) Book value		(b) Book value

Schedule D (Form 990) 2015

2

Part V, Line 4

а	Net unrealized gains (losses) o	n investments 2a		
b	Donated services and use of fa	cilities 2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line $\mathbf{2e}$ from line 1 .		3	
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1		
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b	1	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)	5	
Part		penses per Audited Financial Statements With Expense zation answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per	audited financial statements	1	
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25		
а	Donated services and use of fa	cilities		
b	Prior year adjustments	2b	1	
c	Otherlosses	2c	1	
d	Other (Describe in Part XIII)	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	A mounts included on Form 990	, Part IX, line 25, but not on line 1:		
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b	1	
С	Add lines 4a and 4b		4c	
5		d 4c. (This must equal Form 990, Part I, line 18)	5	
	XIII Supplemental Info			
Part '		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t		de any additional
	Return Reference	Explanation		

The endowment is intended to generate income for the general support of the center

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

Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015	Page 5						
Part XIII Supplemental Information (continued)							
Return Reference	Explanation						
		_					

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2015

Open to Public

nternal Revenue Service	► Information about Sch	nedule G (Form 990 o	r 990-EZ) and its instructions is a	t www irs gov/form990	Inspection		
ame of the organization				Employer ide	entification number		
lational Women's Law Ce	nter			52-121301	0		
	g Activities. Comple Z filers are not requir		ization answered "Yes" this part.	on Form 990, Part I	V, line 17.		
1 Indicate whether the	organization raised fund	ds through any of	f the following activities (Check all that apply			
a Mail solicitations	Mail solicitations e Solicitation of non-government grants						
b Internet and ema	email solicitations f Solicitation of government g			jovernment grants			
c Phone solicitation	ons		g Special fundraising events				
d	tations						
or key employees lis services?	sted in Form 990, Part V	II) or entity in co	y individual (including offi onnection with profession: fraisers) pursuant to agre	al fundraising y	Yes No		
	at least \$5,000 by the o		naisers) pursuant to agre	ements under which the	iuliulaisel is		
(i) Name and address of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?		(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
1		Yes No					
2							
3							
4							
5							
6							
7							
8							
9							
10							
otal		•					
3 List all states in which registration or licensin		stered or license	d to solicit contributions	or has been notified it is	exempt from		

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross

	receipts greater than \$5,000		011 F01111 990-E2, 1111e	s I and OD. List even	ts with gross
		(a)Event #1 2015 Awards Dinner (event type)	(b)Event #2 2016 Awards Dinner (event type)	(c)Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Reversie	1 Gross receipts	949,193 840,693	411,923 411,923	54,222 39,522	1,415,338
	Gross income (line 1 minus	108,500		14,700	123,200
	4 Cash prizes				
Expenses	7 Food and beverages	177,215		9,017	186,232
Died Died	9 Other direct expenses	56,691		1,000	·
_	10 Direct expense summary Add lines 4 11 Net income summary Subtract line 1		•	> >	243,923 -120,723
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	form 990, Part IV, line	e 19, or reported mor	· · · · · · · · · · · · · · · · · · ·
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				
t Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses		□ Vac %		
	6 Volunteer labor	│ Yes <u></u> %	│	│ Yes	
	7 Direct expense summary Add lines 2	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organiza	Yes No			
b	If "No," explain				
.0a	Were any of the organization's gaming li	the tax year?	Yes No		
b	If "Yes," explain				

Compensation Information

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

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

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

DLN: 93493130028407 OMB No 1545-0047

2015 Open to Public

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Nam	e of	the	org
Natio	nal W	/ome	n's L

Schedule J (Form 990)

Department of the

	nal Revenue Service				Insp	ectio	n	
Νa	me of the organization			Employer identification	on nui	nber		
Nat	cional Women's Law Center			52-1213010				
Рa	rt I Questions Regarding Compensation			32 1213010				
						Yes	No	
La	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to							
	First-class or charter travel		Housing allowance or residence fo	r personal use				
	Travel for companions	Ė	Payments for business use of pers	onal residence	ĺ	Ì		
	Tax idemnification and gross-up payments		Health or social club dues or initia	tion fees				
	Discretionary spending account	Γ	Personal services (e g , maid, cha	uffeur, chef)				
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut				2			
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensati	apply	y Do not check any boxes for metho	ds				
	✓ Compensation committee		Written employment contract					
	✓ Independent compensation consultant	✓	Compensation survey or study					
	▼ Form 990 of other organizations	✓	Approval by the board or compens	ation committee				
1	During the year, did any person listed on Form 990, Pa or a related organization	irt VI	I, Section A, line 1a with respect to	the filing organization				
а	Receive a severance payment or change-of-control pay	ymen	t?		4a		No	
b	Participate in, or receive payment from, a supplementa		4b	Yes				
c	Participate in, or receive payment from, an equity-base	ed cor	mpensation arrangement?		4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provi	ıde th	e applicable amounts for each item	ın Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ne mi	iet complete lines 5-9					
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of			any				
а	The organization?				5a		No	
b	Any related organization?				5b		Νo	
	If "Yes," on line 5a or 5b, describe in Part III							
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	a, did the organization pay or accrue	any				
а	The organization?				6 a		Νo	
b	Any related organization?				6b		Νo	
	If "Yes," on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section A, li payments not described in lines 5 and 67 If "Yes," des			on-fixed	7		Νo	
3	Were any amounts reported on Form 990, Part VII, pai subject to the initial contract exception described in Re in Part III				8		No	
•	If "Yes" on line 8, did the organization also follow the resection 53, 4958-6(c)?	ebutt	able presumption procedure describ	ed in Regulations	٠		140	

Selledales (Form 550) 2015					r age 🕳					
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.										
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·						
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in					

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	P	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

3cheddie 3 (1 01111 330) 2013	rage 3
Part III Supplemental Inform	mation
Provide the information, explanation, o	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
Part I, Line 4b	Marcia Greenberger and Nancy Campbell, Co-Presidents, participated in a 457 (f) retirement plan during the calendar year and both received employer

Schedule J (Form 990) 2015

Schodule 1 (Form 990) 2015

contributions of \$47,000

Software ID: Software Version:

EIN: 52-1213010

Name: National Women's Law Center

Form 990, Schedule J, P (A) Name and Title			W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Nancy Duff Campbell Co-President/Director	(1)	297,970	0	26,482	62,788	24,088	411,328	0
	(11)	534	0	47	112	- 43	- 736	0
1Marcia D Greenberger Co-President/Director	(1)	300,413 0 0	0	26,500 0	62,900	14,933	404,746	0
2Joan Entmacher VP - Family Economic Security	(1)	184,680	0	5,149	11,948	24,599	226,376	0
Security	(11)	0	0	0	0	-0	- 0	0
3 Nancy Withbroe VP - Development/Strategy	(I) (II)	173,190 	0	566 	1,376 	21,901	197,033	0
4Niesa Halpern	(1)	166,013	0	2.445	5.003	0	0	
VP Administration/Finance	(11)	2,465		2,445	5,902	28,255	202,615	
			0	36	88	- 420	3,009	0
5 Emily Martin VP & General Counsel	(1)	167,263	0	360	10,526	15,548	193,697	0
	(11)	562	0	1	35	- 52	- 650	0
6 Karen Schneider VP - Communications	(1)	163,282	0	2,402	10,744	28,649	205,077	0
	(11)	0	0	0	О	-0	- 0	0
7 Fatıma Goss Graves VP for Education &	(1)	161,849	0	331	10,721	35,053	207,954	0
Employment	(11)	0	0	0	o	-0	- 0	0
8Gretchen Borchelt VP - Reproductive Rights &	(1)	151,679	0	331	9,852	30,996	192,858	0
Health	(11)	0	0	0	О	-0		0
9 Helen Blank Dır Child Care & Early	(1)	171,059	0	5,429	10,974	11,677	199,139	0
	(11)	0	0	0	0	- 0	-	0
10 Regina Oldak Dir of Gov't Relations	(1)	162,154	0	2,269	10,223	13,979	188,625	0
	(11)	0	0	0	0	-	-	0
11Karen Davenport Director of Health Policy	(1)	153,531	0	516	6,186	27,573	187,806	0
,	(11)	0	0	0	0	-		0
12Sharon Levin Dir of Fed Reproductive	(1)	153,010	0	478	9,245	10,820	173,553	0
Health	(11)	0	0	0	0	- -	-	0
13Andrea KoeppelController	(1)	139,214	0	1,246	7,598	14,263	162,321	0
	(11)	0	0	0	0		-	0

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DLN: 93493130028407

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2015

OMB No 1545-0047

Open to Public Inspection

(Form 990)

► Attach to Form 990.

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

Department of the

Treasury

Internal Revenue Service Name of the organization **Employer identification number**

National Women's Law Center 52-1213010 Types of Property (b) (d) (a) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles . . 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 17 1,262,483 FMV less fees **10** Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (__ **26** Other ▶ (_____) **27** Other ▶ (_____ **28** Other ▶ (_____) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that

it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990.

contributions?

b If "Yes," describe in Part II

Cat No 51227J

Schedule M (Form 990) (2015)

32a

Νo

Νo

Yes

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493130028407

Name of the organization National Women's Law Center

Daturn

Department of the

Internal Revenue Service

Treasury

Employer identification number 52-1213010

990 Schedule O, Supplemental Information

Reference	Explanation
Form 990, Part VI, Section B, line 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, line 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 ar e 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 a nd to avoiding even the appearance of a conflict by promptly discussing any potential conflicts with the relevant individuals.

Evolunation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Inne 15	An outside consultant analyzes compensation of officers and key employees based on the annual national and Washington, DC Area survey data on compensation comparability from the PRM Consulting Management Compensation Report, Not-For-Profit Organizations. 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 990s 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 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 990s 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 statemen ts are available on its website. 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.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

DLN: 93493130028407 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

▶ Attach to Form 990.

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

Inspection

Employer identification number

tional women's Law Center				52-121301	10			
Part I Identification of Disregarded Entities Comple								
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) d-of-year assets	(f) Direct controlli entity	ng		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during th		the organization an	swered "Yes" on	Form 990, Par	t IV, line 34 be	cause it h	ad one	3
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity st (if section 501(c	tatus Direct c	f) ontrolling itity		512(b) ntrolled ity?
(1)National Women's Law Center Action Fund 11 Dupont Circle NW Suite 800	Advocacy, research & education	DC	501(c)(4)		National Wor Center	nen's Law	Yes	No
Washington, DC 20036 46-0639645							<u> </u>	
								<u> </u>

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No	
												·
Part TV Identification of Polated Organizations Tayable a	<u> </u>			<u> </u>								

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

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

Part V	Transactions With Related Organizations Complete If the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?				
a Rece	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift,	grant, or capital contribution to related organization(s)				1b		No
c Gift,	grant, or capital contribution from related organization(s)				1 c		No
d Loar	ns or loan guarantees to or for related organization(s)				1d		No
e Loar	ns or loan guarantees by related organization(s)				1e		No
f Divid	dends from related organization(s)				1f		No
g Sale	of assets to related organization(s)				1 g		No
h Purc	hase of assets from related organization(s)				1h		No
i Exch	ange of assets with related organization(s)				1i		No
j Leas	e of facilities, equipment, or other assets to related organization(s)				1j		No
k Leas	se of facilities, equipment, or other assets from related organization(s)				1k		No
l Perfo	rmance of services or membership or fundraising solicitations for related organization(s)				11		No
m Perfo	rmance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Shari	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Shai	ring of paid employees with related organization(s)				10	Yes	
p Rein	nbursement paid to related organization(s) for expenses				1 p		No
q Rein	nbursement paid by related organization(s) for expenses				1 q	Yes	
r Othe	er transfer of cash or property to related organization(s)				1r		No
s Othe	er transfer of cash or property from related organization(s)				1s		No
2 If the	e answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved			

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships															
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	total end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			
												1 I			
													<u> </u>		

