Extended to May 16, 2022

Form **991**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 Open to Public Inspection

В	Check if applicab	C Name of organization	D Employer ide	entifica	ation number				
	Addre	National Women's Law Center Action Fund							
F	Name Chang		46-063	3964	15				
F	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/							
F	Final	11 Dupont Circle NW 800	(202)		3-5180				
	☐return termir ated		G Gross receipts \$	4 = 4					
	Amen		H(a) Is this a gro	oup ret					
F	Applic	<u> </u>	for subordi						
	pendi	same as C above	H(b) Are all subordi		····· — —				
$\overline{\Gamma}$	Tax-ex	empt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or			st. See instructions				
		te: www.nwlc.org	H(c) Group exer						
K	orm o	organization: X Corporation Trust Association Other L	Year of formation: 201	2 м	State of legal domicile: DC				
	art I	Summary							
Ф	1	Briefly describe the organization's mission or most significant activities: The Nat	onal Women	s I	aw Center				
ũ		Action Fund is a social welfare organization							
ž	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its r	net ass	sets.				
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	5				
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4				
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0				
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	0				
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
		0	Prior Year	 	Current Year				
ne	8	Contributions and grants (Part VIII, line 1h)	140,80	0.	1,686,909.				
Revenue	9	Program service revenue (Part VIII, line 2g)		2.	276.				
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	752.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,89	• •	1,694,937.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	140,03	0.	10,000.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	32,55		0.				
"	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,33	0.	188,181.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ber	h	Total fundraising expenses (Part IX, column (D), line 25) 21,061.			,				
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,69	9.	1,216,464.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,25		1,414,645.				
		Revenue less expenses. Subtract line 18 from line 12	80,63		280,292.				
or			Beginning of Current		End of Year				
sets	20	Total assets (Part X, line 16)	231,67		493,545.				
ASS	21	Total liabilities (Part X, line 26)	52,38	8.	33,963.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	179,29	0.	459,582.				
Pi	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s		-	knowledge and belief, it is				
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre							
		Valuma Hors Whaves	05/06	<u>/202</u>	22				
Sig	n	Signature of officer	Date						
Hei	re	Fatima Goss Graves, President & CEO Type or print name and title							
		Drint/Type preparer's name	Date Che	ock	TI PTIN				
Pai	d	Jie Chen, CPA	05/06/22 if self						
	parer	Firm's name Rogers & Company PLLC	Firm's FI	V -	58-2676261				
	Only	Firm's address 8300 Boone Boulevard, Suite 600	111113 E1	<u>· • · · · · · · · · · · · · · · · · · ·</u>					
	-,	Vienna, VA 22182	Phone no	.(70	3) 893-0300				
Ma	v the I	RS discuss this return with the preparer shown above? See instructions	1 110110 110	<u> </u>	X Yes No				

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	The National Women's Law Center Action Fund is a social welfar	
	organization whose purpose is to promote the securing of equal	
	and opportunities for women. The National Women's Law Center A	
	Fund's work promotes policies that improve women's (1) child of	are and
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$1, 351, 359 . including grants of \$10, 000 .) (Revenue \$	7,000.)
4a	(Code:) (Expenses \$ 1,351,359 including grants of \$ 10,000) (Revenue \$ - The Action Fund brought together a table of state and federa	1 child
	care advocates to secure the largest investments in the child	
	sector in the first relief and recovery packages.	- Curc
	bootor in one rirbo refres and recevery packages.	
	- The Action Fund led broader coalition efforts to advocate for	r Build
	Back Better and other federal efforts to address the crisis in	
	nation's care economy.	
	(To be continued in Schedule O.)	
	<u> </u>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$}	
4e	Total program service expenses ▶ 1,351,359.	
		Form 990 (2020)

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	Х	
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		
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		х
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	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		_ <u>-</u> -
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

National Women's Law Center Action Fund 46-0639645 Form 990 (2020) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 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 X Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? _____ 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):

а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	, ,,,		
	Check if Schedule O contains a response or note to any line in this Part V			

	1 /				· · · · · · · · · · · · · · · · · · ·	
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			10	Х	

Form 990 (2020) National Women's Law Center Action Fund Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		За		Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?						
	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
D	If "Yes," enter the name of the foreign country		2+ο (ΓDΔD)				
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			"			
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		<u>-</u> '				
	to file Form 8282?		 I	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year					37	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of multiplicative distribution of the second distribution distribution of the second distribution dis		200 10	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g 7h			
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			711			
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.			Ť			
а				9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	1					
а		11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b	<u> </u>				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<i>!</i> 	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a			
u	Note: See the instructions for additional information the organization must report on Schedule O.			100			
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
				14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or				
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see instructions and file Form 4720, Schedule N.					7-	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	me?	16		X	
	If "Yes," complete Form 4720, Schedule O.				222		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	i		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۲		
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Tu		
		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
		8a	Х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8b		Х
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21
000	tion b. I onoics (mis section b requests information about policies not required by the internal nevertue code.)		Yes	No
100	Did the erganization have lead chanters branches or affiliates?	10a	162	X
	Did the organization have local chapters, branches, or affiliates?	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С		100	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	22	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		Х
	The organization's CEO, Executive Director, or top management official	15a		X
a	Other officers or key employees of the organization	15b		Δ
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		Х
	taxable entity during the year?	16a		
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			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, IL, NY, PA	N - · ·	A	-1-1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(s)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)	,		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - (202) 588-5180			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	or any related	orga	aniza	ation	cor	npe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	box, unless p		s person is both an a director/trustee)			compensation	compensation	amount of
	week	-	Corai	10 2 0	1)/ u us	1	from	from related	other
	(list any	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(44-2/1099-141190)	organization
	organizations	ruste	ll trus		ee/	mpen		(** 27 1033 141100)		and related
	below	dualt	utiona	_	oldm	st co	 			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form			
(1) Fatima Goss Graves	0.10									
President & CEO		Х		Х				7,777.	377,362.	52,061.
(2) Nancy L. Withbroe	0.10									
COO & Chief of Staff	37.40				Х			15,872.	229,367.	34,199.
(3) Emily Martin	0.10									
VP, Education & Workplace Justice	37.40				Х			650.	193,082.	23,468.
(4) Gretchen Borchelt	0.10	1			l			1 540	150 015	24 622
VP, Reproductive Rights & Health	37.40				Х			1,543.	179,215.	34,633.
(5) Jodi A Michael	0.10 37.40	4			х			2 215	101 7/10	22 520
VP, Development	0.10				Δ			3,215.	181,742.	23,530.
(6) Mahzarine F Chinoy VP, Administration and Finance	37.40	1			Х			1,292.	173,318.	31,777.
(7) Anna Ling Chu	0.10							1,272.	173,310.	31,777.
Secretary-Treasurer	37.40	1		x				17,086.	175,248.	12,727.
(8) Melissa S Boteach	0.10							17,0000	17372100	12,72,4
VP, Income Security & Child Care	37.40	1			Х			57.	191,786.	10,152.
(9) Uma M Iyer	0.10									
VP, Marketing & Communications	37.40	1			Х			7,998.	185,045.	8,951.
(10) Neena K Chaudry	0.10									
General Counsel/Sr.Advisor for Ed	37.40					Х		5,873.	144,597.	28,061.
(11) Mary-Frances Wain	0.10									
Sr VP, External Affairs	37.40				Х			1,190.	153,085.	14,108.
(12) Christopher R Hatty	0.10									
Director of IT & Operations	37.40					Х		1,215.	146,336.	11,534.
(13) Pamela P McKee	0.10									
Director of Foundation Engagement	37.40					Х		3,291.	137,170.	5,256.
(14) Glynda Carr	0.10	ļ								
Director		Х						0.	0.	0.
(15) Anurima Bhargava	0.10	۱							•	
Director	0 10	Х					<u> </u>	0.	0.	0.
(16) Leah Greenberg	0.10	٠,							^	_
Director	0 10	Х	_				\vdash	0.	0.	0.
(17) Jane Sherburne	2.00	₩.		v				0.	0.	_
Chair	<u> </u>	Λ		X				<u> </u>	0.	0.

(A) Name and title	(B) Average hours per	(do	not c	(C Posi	c) ition		one	(D) Reportable compensation	es (continuea) (E) Reportable compensati	1		(F)	
	week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated complex compensated complex compensated complex compensated compensate	tee)	from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-MI	ed other ns compensation		ation le tion ted	
		Г											
										-			
		Г											
		\vdash								-			
								67.050	2 467 2	E 2	20	0 4	57.
1b Subtotal c Total from continuation sheets to Part V								0.	2,467,3	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	-	2,467,3		29	0,4	57.
Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	OOVE	e) wr	no r	eceived more than \$100	,000 of reportat	ole			0
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	-	-		_	nest compensated emp	-		3		Х
4 For any individual listed on line 1a, is the su	-	le co	omp	ensa	ation	n and	d otl	her compensation from				Х	
and related organizations greater than \$15Did any person listed on line 1a receive or a									idual for services	s	4	Λ	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	uch į	pers	son .				<u></u>	5		X
Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of cor	mpens:	ation 1	from	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	vith	or w	ithir		year.				
(A) Name and business	address							(B) Description of s	ervices	C	Ompe))) nsatio	n
Deliver Strategies, LLC P O Box 100970, Arlington	n 1/2 2'	221	۱ ۸					Consulting			21	1 9	12.
Digital Turf, LLC, 27 Cle	ear Broo	ok											
Crossing, Kennebunk, ME	rossing, Kennebunk, ME 04043 Consulting		_	12	7,0	00.							
										$ldsymbol{ld}}}}}}$			
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation >				2	2							

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,686,909. similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f 1,686,909. h Total. Add lines 1a-1f ... **Business Code** 7,000. 900099 7,000. 2 a Contract income Program Service Revenue f All other program service revenue 7,000. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 276. 276. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) _____ 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns 6,106. and allowances 6,054. **b** Less: cost of goods sold 52. 52. c Net income or (loss) from sales of inventory Business Code 900099 700. 700. 11 a Other income b d All other revenue 700. e Total. Add lines 11a-11d 1,694,937. 7,052. Total revenue. See instructions 12

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 respon	se or note to any line in	thic Part IX	7	X
- Do /	Check if Schedule O contains a respon-	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	40.000	40.000		
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
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				
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	150,307.	94,548.	42,225.	13,534.
8	Pension plan accruals and contributions (include	•	-	-	
-	section 401(k) and 403(b) employer contributions)				
9	F	37,874.	32,979.		4,895.
_	Other employee benefits	37,074	52,515.		±,000
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
b	Legal				
С	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				_
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	1,140,250.	1,139,797.		453.
40	· · · · · · · · · · · · · · · · · · ·				
12	Advertising and promotion	36,212.	36,002.		210.
13	Office expenses	3,343.	3,019.		324.
14	Information technology	3,343.	3,019.		344.
15	Royalties	0 504			1 060
16	Occupancy	8,731.	7,468.		1,263.
17	Travel	70.	60.		10.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,847.	7,847.		
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,121.	1,815.		306.
	I	369.	316.		53.
23	Other expanses Itemize expanses not sovered	309.	310.		33.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	15 440	15 116		
а	Professional dues/regis	17,449.	17,446.		3.
b	Subscriptions/publicati	72.	62.		10.
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,414,645.	1,351,359.	42,225.	21,061.
26	Joint costs. Complete this line only if the organization	_,,	_,,,	,	
20	, , ,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
03201	12-23-20				Form 990 (2020)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 459,987. 231,178. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 500. 33,558. Other assets. See Part IV, line 11 15 15 231,678. 493,545. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 15,250. 22,965. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 10,998. 37,138. of Schedule D 52,388. 33,963. 26 26 Total liabilities. Add lines 17 through 25 ... Organizations that follow FASB ASC 958, check here ▶ X **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 84,253. 179,290. 27 27 Net assets without donor restrictions 375,329. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗆 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 179,290. 459,582. 32 Total net assets or fund balances 32 231,678. 493,545. 33

Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,69					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,41					
3	Revenue less expenses. Subtract line 2 from line 1	3			92.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	9,2	90.			
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?	-	. 3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					

Form 990 (2020)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

2020

2020

OMB No. 1545-0047

Name of the organization

National Women's Law Center Action Fund

Employer identification number

46-0639645

Organization type (check one):						
Filers o	f:	Section:				
Form 99	90 or 990-EZ	$oxed{X}$ 501(c)($oldsymbol{4}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
Genera	l Rule					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \rightarrow 1						
but it m	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

National Women's Law Center Action Fund

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4_	Name, address, and ZIP + 4 N/A	Total contributions \$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$ 51,110.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

National Women's Law Center Action Fund

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 9	Name, address, and ZIP + 4 N/A	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 N/A	\$ 400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 12	Name, address, and ZIP + 4 N/A	\$ 400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

National Women's Law Center Action Fund

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	raine, audi 655, anu £if + 4	- \$	Person Payroll Noncash Complete Part II for noncash contributions.)

National Women's Law Center Action Fund

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Employer identification number Name of organization National Women's Law Center Action Fund 46-0639645 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

Van	ne of organization				nployer identification number
_		1 Women's Law Co			46-0639645
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527	organization.
2 3	Provide a description of the organic Political campaign activity expendic Volunteer hours for political campa	tures ign activities		······································	
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c)	(3).	
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV.	incurred by organization managon 4955 tax, did it file Form 4720	gers under section 495 O for this year?	5	Yes No
Pa	art I-C Complete if the org	ganization is exempt un	der section 501(c)		
2	Enter the amount directly expende Enter the amount of the filing orgar exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organization richtions received that were prepolitical action committee (PAC). If	nization's funds contributed to contribute to contr	and on Form 1120-POL EIN) of all section 527 p aid from the filing organ o a separate political org	ection 527 , olitical organizations to w ization's funds. Also ente ganization, such as a sep	Mo hich the filing organization r the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions received and
			l l		

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

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 1	Natio	nal Wo	men's Law C	Center Action	n Fund 46-0	0639645 Page 2
Part II-A Complete if the orga						
expenses, and share	e of exces	s lobbying	expenditures).	n Part IV each affiliated	group member's nan	ne, address, EIN,
Limits	s on Lobb	ying Expe	nd "limited control" pr nditures unts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (grassroots lobbying)			
b Total lobbying expenditures to influ				ī		
c Total lobbying expenditures (add lin	nes 1a and	d 1b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditures	(add line	s 1c and 1	d)			
f Lobbying nontaxable amount. Enter		unt from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	nount is:		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000	′ 		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	000,000		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ent	or 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zero				Ī		
i Subtract line 1f from line 1c. If zero	-					
j If there is an amount other than zero						
reporting section 4911 tax for this y	_					Yes No
(Some organizations th	at made a	4-Year Ave a section 5 the separ	eraging Period Under 01(h) election do not ate instructions for li	Section 501(h) have to complete all ones 2a through 2f.)		pelow.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 National Women's Law Center Action Fund 46-0639645 Page 3

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

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(t	<u>) </u>
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or s	ection	
501(c)(6).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the local section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year	2 ? 3 (5), or se		e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year on 501(c) "No" OR	2 3 (5), or se (b) Par		ne 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the line. Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ne prior year on 501(c)("No" OR	2 3 (5), or se (b) Par		ne 3, is
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

National Women's Law Center Action Fund

Employer identification number 46-0639645

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		Yes No				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area				
	Protection of natural habitat	Preservation of a	certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re						
	year ▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements i	t holds?	Yes				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the				
	organization's accounting for conservation easements.		0: :: 4				
Pai	t III Organizations Maintaining Collections o	-	ner Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95						
	of art, historical treasures, or other similar assets held for put	· · · · · · · · · · · · · · · · · · ·	·				
	service, provide in Part XIII the text of the footnote to its final						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance 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						
2	If the organization received or held works of art, historical tre		gain, provide				
	the following amounts required to be reported under FASB A	_					
а	Revenue included on Form 990, Part VIII, line 1		·				
h	Assets included in Form 990. Part X		▶ \$				

Schedule D (Form 990) 2020

e Other

b Buildingsc Leasehold improvementsd Equipment

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Due to affiliate	10,998.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,998.

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization National	Women's I	Law Center A	Action Fun	.d			Employer identification number $46-0639645$
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	istance?				ty for the grants or ass		otion X Yes No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi	tional space is nee	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
9To5 National Association of							
Working Women - 207 E. Buffalo							
Street Ste 211 - Milwaukee, WI							
53202	34-1246311	501c3	10,000.	0.			Outreach grant
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				_
3 Enter total number of other organization							

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV	Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.				

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

National Women's Law Center Action Fund

Employer identification number 46-0639645

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
а	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	l

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

Schedule J (Form 990) 2020

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title	Ī	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) Fatima Goss Graves	(i)	7,743.	0.	34.	479.	572.	8,828.	0.	
	(ii)	375,736.	0.	1,626.	23,244.	27,766.	428,372.	0.	
(2) Nancy L. Withbroe	(i)	15,612.	0.	260.	1,004.	1,210.	18,086.	0.	
COO & Chief of Staff	(ii)	225,604.	0.	3,763.	14,503.	17,482.	261,352.	0.	
(3) Emily Martin	(i)	643.	0.	7.	40.	38.	728.	0.	
VP, Education & Workplace Justice	(ii)	190,962.	0.	2,120.	11,999.	11,391.	216,472.	0.	
(4) Gretchen Borchelt	(i)	1,533.	0.	10.	101.	195.	1,839.	0.	
VP, Reproductive Rights & Health	(ii)	178,112.	0.	1,103.	11,683.	22,654.	213,552.	0.	
(5) Jodi A Michael	(i)	3,157.	0.	58.	202.	207.		0.	
VP, Development	(ii)	178,448.	0.	3,294.	11,398.	11,723.		0.	
(6) Mahzarine F Chinoy	(i)	1,274.	0.	18.	43.	192.	, -	0.	
VP, Administration and Finance	(ii)	170,935.	0.	2,383.	5,753.	25,789.	204,860.	0.	
(7) Anna Ling Chu	(i)	17,050.	0.	36.	787.	344.	18,217.	0.	
Secretary-Treasurer	(ii)	174,882.	0.	366.	8,070.	3,526.	186,844.	0.	
(8) Melissa S Boteach	(i)	57.	0.	0.	2.	1.	60.	0.	
VP, Income Security & Child Care	(ii)	191,425.	0.	361.	5,790.	4,359.	201,935.	0.	
(9) Uma M Iyer	(i)	7,983.	0.	15.	240.	131.	8,369.	0.	
VP, Marketing & Communications	(ii)	184,699.	0.	346.	5,551.	3,029.	193,625.	0.	
(10) Neena K Chaudry	(i)	5,873.	0.	0.	0.	0.	5,873.	0.	
General Counsel/Sr.Advisor for Ed	(ii)	141,360.	0.	3,237.	9,698.	18,363.		0.	
(11) Mary-Frances Wain	(i)	1,184.	0.	6.	71.	38.			
Sr VP, External Affairs	(ii)	152,352.	0.	733.	9,125.	4,874.	167,084.	0.	
(12) Christopher R Hatty	(i)	1,215.	0.	0.	0.	0.	1,215.	0.	
Director of IT & Operations	(ii)	145,894.	0.	442.	8,935.	2,599.	157,870.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Fait III Supplemental information
Provide the information, explanation, or 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.
Form 990 Schedule J part I Line 3
The compensation committee of the related organization, determines the
compensation of the President and CEO, based on the outside
consultant's report and the compensation information from the 990s of
similar organizations, as well as compensation data provided by Brian
Vogel and Quatt Associates. All deliberations and decisions of the
compensation committee are reflected in contemporaneously drafted and
approved minutes of the committee.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

National Women's Law Center Action Fund

Employer identification number 46-0639645

Form 990, Part I, Line 1, Description of Organization Mission: promote the securing of equal rights and opportunities for women. The National Women's Law Center Action Fund's work promotes policies that improve women's (1) child care and income security opportunities, (2) education, (3) workplace justice, and (4) health and reproductive rights -- with special attention given to the needs of low-income women and their families. The National Women's Law Center Action Fund's activities consist of advocacy, public education, and research.

Form 990, Part III, Line 1, Description of Organization Mission: income security opportunities, (2) education, (3) workplace justice, and (4) health and reproductive rights -- with special attention given to the needs of low-income women and their families. The National Women's Law Center Action Fund's activities consist of advocacy, public education, and research.

Form 990, Part III, Line 4a, Program Service Accomplishments: - Worked closely with allies on Capitol Hill to expand vital income support to help families meet their basic needs, like nutrition and housing assistance, as part of the relief and recovery packages, and made the case for expanding refundable tax credits in federal relief packages.

- Together with the Mothering Justice Action Fund, joined forces during the 2020 election to elevate critical issues that affect Michigan women and girls using direct mail and digital advertising.

administration.

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** National Women's Law Center Action Fund 46-0639645 - Published The Impact of COVID on Michigan's Women of Color Voters, an analysis on how Black, Latina, and Asian women voters are impacted by COVID-19, key findings on relief and recovery, and what leaders need to do to implement women of color-centered recovery. Elevated a reproductive rights and gender justice narrative with key partners. - The Action Fund directly engaged senators around the nomination of Judge Amy Coney Barrett to the Supreme Court, highlighting the threat to equality for women and girls. - Hosted an in-person rally in partnership with the Leadership Conference on Human and Civil Rights in opposition to the confirmation of Judge Barrett. Mobilized grassroots activists and placed national cable broadcast ads in support of the successful confirmation of several women of color to historic positions in the federal government. - Invested in our internal capacity to respond to the challenges and opportunities of the past year, including the social and economic impacts of the ongoing COVID-19 pandemic, the reckoning for racial justice, the historic 2020 elections, and the transition to a new

Name of the organization

National Women's Law Center Action Fund

Employer identification number 46-0639645

organizations, by evaluating policies and convening coalition groups to
align the group's gender justice agenda. The coalition has secured

Covid-related relief by connecting the challenges surfaced during the
pandemic to systemic roots, using an intersectional gender and racial
justice lens to advocate for structural reforms.

Form 990, Part VI, Section A, line 4:

The Organization changed the Articles of Incorporation Article 2. The
Organization shall not issue any capital stock and shall not have members.

The Organization amended its By-Laws, primarily to remove the article stating that National Women's Law Center (NWLC) is the sole member of the Action Fund, to provide separation between the Action Fund and NWLC so that the Action Fund can engage in political activity. The amended By-Laws also removed the prohibition on engaging in communications expressly advocating for the election/defeat of a candidate for public office and replaced it with standard 501(c)(4) language saying that the Action Fund is allowed to engage in political campaign activities as permissible by law.

Form 990, Part VI, Section A, line 8b:

The organization's governing body does not have a committee structure.

Form 990, Part VI, Section B, line 11b:

The Action Fund's Controller does the first review internally by matching all the numbers to the financial statements and records, and checking all non-quantitative responses for accuracy before the second review is performed by the Vice-President - Administration and Finance. A third review is performed by the COO and Chief of Staff and a final review by the

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** National Women's Law Center Action Fund 46-0639645 President and CEO. The Action Fund's legal counsel reviews the form as needed to answer questions. The form is provided to the members of the Board of Directors for review 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 conflicts. The organization monitors and enforces compliance with this policy, and uses the forms to help determine whether there are any interests that may give rise to conflicts and follows up if any such interests are disclosed. Form 990, Part VI, Section C, Line 19: The Organization's articles of incorporation are available for public examination at the office of the District of Columbia Corporations Division. The Action Fund's audited financial statements are available on its website. The Action Fund 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. Form 990, Part IX, Line 11g, Other Fees: Consultants: Program service expenses 1,139,797. Management and general expenses 0. Fundraising expenses 453.

Total expenses

1,140,250.

1,140,250.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 46-0639645 National Women's Law Center Action Fund Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)		(f)			
Name, address, and EIN (if applicable)	Primary activity	Primary activity Legal domicile (state or			r assets Direct contr			g	
of disregarded entity		foreign country)				er	entity		
	\dashv								
	\dashv								
	4								
	-								
Dort II Identification of Related Tax-Exempt Organia	zations Complete if the organizati	ion answored "Ves" on Form 990	Dart IV line 34	hocauso it had one	or more	rolated tax ex	omnt		
Part II organizations during the tax year.	zations. Complete il tile organizati	ionanswered res on rollingsc), Fait IV, iiile 54,	because it riad one	or more	related tax-ext	Empt		
	1 (2)	1 ,		1 ,			1 .		
(a)	(b)	(c)	(d)	(e)		(f)	Section (g) 512(b)(13)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity		ct controlling	controlled		
of related organization		foreign country)	section	status (if section		entity	ent	tity?	
				501(c)(3))			Yes	No	
National Women's Law Center - 52-1213010									
11 Dupont Circle, NW Suite 800	Advance and protect								
Washington DC 20036-1209	women's legal rights	District of Columbia	501(c)(3)	Line 7				Х	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

<u> </u>	·		1	1		1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN	Primary activity	activity Legal Direct		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity	related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	itions?	amount in box	partr	ner?	ownership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										\vdash	+	
	1											
	1											
										\vdash	+	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	Sect 512(b contri enti	tion b)(13) rolled :ity?
		country)		0. 1.204				Yes	No
								$\vdash\vdash\vdash$	
								\Box	
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								igsqcup	<u> </u>
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									Ш

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_		Yes	No					
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/		<u> </u>	1a		X					
b	b Gift, grant, or capital contribution to related organization(s)											
С	c Gift, grant, or capital contribution from related organization(s)											
	d Loans or loan guarantees to or for related organization(s)											
	e Loans or loan guarantees by related organization(s)											
					1f		Х					
f	f Dividends from related organization(s)											
	Sale of assets to related organization(s)				1g		X					
h	Purchase of assets from related organization(s)				1h		X					
i	Exchange of assets with related organization(s)				1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X					
					41		X					
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X					
	Performance of services or membership or fundraising solicitations for related orga				11		X					
	Performance of services or membership or fundraising solicitations by related orga				1m	v						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	X						
0	Sharing of paid employees with related organization(s)				10	Х						
_	Poimbureament paid to related organization(c) for expenses				1p	Х						
 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 												
Ч	neimbursement paid by related organization(s) for expenses			······	1q		Х					
r	Other transfer of cash or property to related organization(s)				1r		Х					
	Other transfer of cash or property from related organization(s)				1s		X					
	If the answer to any of the above is "Yes," see the instructions for information on w				13							
_	·			(d)								
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of determining amount invo	lved							
	·	type (a-s)		3								
1) Ì	National Women's Law Center	0	188,181.	FMV								
2)												
٥,												
3)												
4)												
5)												
ō)		<u> </u> 38			/ F	- 000	0000					
216	3 10-28-20	30		Schedule R	(Forn	n 990)	2020					

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percer	ntage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partn	owner owner	rsnip
		Country)	Sections 5 (2-5 (4)	Yes N	o Income	assets	Yes	No	(F01111 1065)	Yes I	10	
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Part VII	Supplemental Info	rmation							
	Provide additional inform	nation for responses	to questions or	Schedu	ule R. See inst	ructions.			