

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07-01-2024, and ending 06-30-2025

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NATIONAL WOMEN'S LAW CENTER. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 1350 I STREET NW 700. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20005

D Employer identification number: 52-1213010. E Telephone number: (202) 588-5180. G Gross receipts \$ 82,089,226

F Name and address of principal officer: FATIMA GOSS GRAVES, 1350 I STREET NW 700, WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.NWLC.ORG

K Form of organization: Corporation

L Year of formation: 1981. M State of legal domicile: DC

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains rows for various financial and organizational metrics with columns for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer FATIMA GOSS GRAVES PRESIDENT AND CEO Date 2026-03-17

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN P00397829, Firm's name GELMAN ROSENBERG & FREEDMAN, Firm's EIN 52-1392008, Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 208142930, Phone no. (301) 951-9090

May the IRS discuss this return with the preparer shown above? See Instructions. [X] Yes [ ] No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2024)

Form 990 (2024)

Part 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:

TO ADVANCE AND PROTECT WOMEN'S LEGAL RIGHTS. THE CENTER FOCUSES ON MAJOR POLICY AREAS OF IMPORTANCE TO WOMEN AND THEIR FAMILIES INCLUDING EDUCATION, EMPLOYMENT, FAMILY ECONOMIC SECURITY, AND HEALTH, WITH SPECIAL ATTENTION GIVEN TO THE CONCERNS OF LOW-INCOME WOMEN.

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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 8,219,642 including grants of \$ 457,020 ) (Revenue \$ 16,212 ) EDUCATION & WORKPLACE JUSTICE: BROUGHT LITIGATION ON BEHALF OF CLIENTS CHALLENGING THE ADMINISTRATION'S EFFORTS TO END FEDERAL FUNDING FOR PROGRAMS SERVING DOMESTIC VIOLENCE AND SEXUAL ASSAULT SURVIVORS AND FOR PROGRAMS HELPING WOMEN ENTER THE SKILLED TRADES, AS WELL AS PAY DISCRIMINATION, PREGNANCY DISCRIMINATION, AND DISCRIMINATION AGAINST WOMEN IN HIRING. LAUNCHED NARRATIVE AND POLICY CAMPAIGN WITH COALITION PARTNERS TO PROTECT AGAINST ATTACKS ON GENDER JUSTICE AT WORK. DEFENDED THE RIGHTS OF TRANSGENDER STUDENTS AND TRANS INCLUSIVE POLICIES. ADVOCATED ON BEHALF OF THE RIGHTS OF STUDENT SURVIVORS OF SEXUAL ASSAULT. PROVIDED ANALYSIS AND PUBLIC EDUCATION ON THE GENDER WAGE GAP. DOCUMENTED THE IMPACTS OF BOOK BANS AND ATTACKS ON PUBLIC EDUCATION THROUGH THE VOICES AND STORIES OF TEACHERS. EDUCATED THE PUBLIC ON THE IMPACT OF STAFF CUTS AT THE DEPARTMENT OF EDUCATION ON STUDENTS EXPERIENCING HARASSMENT AND DISCRIMINATION. THROUGH THE TIME'S UP LEGAL DEFENSE FUND, SUPPORTED INDIVIDUALS CHALLENGING WORKPLACE HARASSMENT IN THE COURTS AND THROUGH PUBLIC STORYTELLING; CONNECTED INDIVIDUALS SEEKING ASSISTANCE WITH SEX DISCRIMINATION COMPLAINTS TO ATTORNEYS IN THE LEGAL NETWORK FOR GENDER EQUITY.

4b (Code: ) (Expenses \$ 8,207,636 including grants of \$ 642,411 ) (Revenue \$ 12,684 ) REPRODUCTIVE RIGHTS AND HEALTH: PROTECTED REPRODUCTIVE RIGHTS IN THE COURTS. EDUCATED THE PUBLIC AND POLICYMAKERS ON THE IMPACTS OF THREATENED CUTS TO MEDICAID AND THE AFFORDABLE CARE ACT FOR WOMEN'S HEALTH. SHINED A SPOTLIGHT ON BLACK WOMEN'S HEALTH ISSUES THROUGH RESEARCH AND EDUCATIONAL MATERIALS. PUBLISHED REPORTS SHOWING HOW ARGUMENTS USED IN THE FIGHT AGAINST ABORTION ARE BEING USED TO ATTACK HEALTH CARE FOR TRANSGENDER PEOPLE AND ACCESS TO BIRTH CONTROL. CREATED RESOURCES CONNECTING ABORTION ACCESS AND ECONOMIC JUSTICE AND HIGHLIGHTING HOW REPRODUCTIVE RIGHTS ARE WORKERS' RIGHTS.- THROUGH THE ABORTION ACCESS LEGAL DEFENSE FUND TO HELP PAY LEGAL EXPENSES FOR INDIVIDUALS AND ENTITIES FACING PROCEEDINGS BECAUSE THEY SOUGHT ABORTION, PROVIDED ABORTION, OR HELPED SOMEONE OBTAIN AN ABORTION OF INFORMATION ABOUT ABORTION CARE.

4c (Code: ) (Expenses \$ 7,991,386 including grants of \$ 1,153,055 ) (Revenue \$ 72,800 ) CHILD CARE AND INCOME SECURITY: RAISED AWARENESS ABOUT THE IMPACT OF THE EXPIRATION OF PANDEMIC-ERA CHILD CARE INVESTMENTS ON CHILDREN, FAMILIES, AND CHILD CARE. PRODUCED REPORTS DESCRIBING STATE CHILD CARE POLICIES AND CONVENED STATE CHILD CARE ADVOCATES AND ADMINISTRATORS. HIGHLIGHTED THE IMPORT ROLE OF IMMIGRANTS WITHIN CARE WORKFORCE. EDUCATED THE PUBLIC ABOUT THE IMPACT OF STAFF CUTS, AGENCY OFFICE CLOSURES, POLICY CHANGES, AND FEDERAL FUNDING FREEZES ON CHILD CARE AND HEAD START PROGRAMS. PROVIDED ANALYSIS OF TAX POLICY CHANGES AND IMPACTS OF FEDERAL PROGRAMS ON THE ECONOMIC SECURITY, HEALTH AND WELL-BEING OF WOMEN, LGBTQ+ PEOPLE, AND FAMILIES. DOCUMENTED WAYS IN WHICH WOMEN AND CHILDREN CONTINUED TO STRUGGLE FINANCIALLY EVEN IN THE MIDST OF A ROBUST ECONOMIC RECOVERY. SUPPORTED THE LEADERSHIP DEVELOPMENT OF WOMEN COMMITTED TO SHARING THEIR PERSONAL STORIES TO HELP SHAPE ECONOMIC JUSTICE AND CHILD CARE POLICIES THAT REFLECT THE LIVED EXPERIENCE OF FAMILIES AND COMMUNITIES; HELPED BUILD COALITIONS AND ADVOCACY IN STATES.

(Code: ) (Expenses \$ 6,329,777 including grants of \$ 332,471 ) (Revenue \$ 96,137 ) GENDER JUSTICE STRATEGY AND POLICY - PROVIDED RESEARCH AND POLICY RESOURCES TO STATE LAWMAKERS AND ADVOCATES COMMITTED TO GENDER JUSTICE AND FACILITATED CROSS-STATE PEER LEARNING AND COLLABORATION THROUGH OUR STATE GENDER POLICY COLLECTIVE.- ANALYZED WHAT PROJECT 2025 PROPOSALS WOULD MEAN FOR WOMEN, LGBTQ+ PEOPLE, AND FAMILIES; TRACKED AND TRANSLATED THE IMPACTS OF THESE POLICIES AS THEY WERE IMPLEMENTED IN THE FIRST MONTHS OF THE NEW ADMINISTRATION.- RELEASED THE STATE PLAYBOOK FOR GENDER JUSTICE, SETTING OUT SEVEN CROSS-CUTTING POLICY AGENDAS AND 12 POLICY BRIEFS LAYING OUT A FRAMEWORK FOR STATE-LEVEL GENDER JUSTICE POLICIES; PUBLISHED STATE FACT SHEETS CAPTURING KEY DATA FOR MEASURING GENDER EQUITY.- AMPLIFIED EXAMPLES OF STATE STRATEGIES AND SUCCESSFUL ENGAGEMENT IN RESPONSE TO FEDERAL OVERREACH AND ABUSES IN FEDERAL ATTACKS TO STATE ACTION: HOW STATE LEGISLATORS ARE FIGHTING BACK.

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ **6,329,777** including grants of \$ **332,471** ) (Revenue \$ **96,137** )

**4e Total program service expenses** **30,748,441**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	Yes	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions. . . . .	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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 . . . . .	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
<b>22</b>	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 . . . . .	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	Yes	
<b>24a</b>	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 . . . . .		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		No
<b>26</b>	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 . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>28b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>28c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b>	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 . . . . .	Yes	
<b>34</b>	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 . . . . .		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>35b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>37</b>	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 . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 154		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		Yes	
		<b>1c</b>	

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 192			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .		<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>		

<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		<b>15</b>		No
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.		<b>16</b>		No
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		<b>17</b>		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>12a</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .	Yes	
<b>12b</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12c</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>13</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	Yes	
<b>14</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	

If "Yes" to line 13a or 13b, describe the process on Schedule O. See instructions.

<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  
 AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 TANYA CLARKE VP FOR FINANCE 1350 I STREET NW 700 WASHINGTON, DC 20005 (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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FATIMA GOSS GRAVES PRESIDENT AND CEO	37.50	X		X			489,498	0	73,418	
(2) TONYA ROBINSON CHAIR	2.00	X		X			0	0	0	
(3) ELIZABETH H SHULER SECRETARY-TREASURER	1.00	X		X			0	0	0	
(4) PRIYA AIYAR DIRECTOR	1.00	X					0	0	0	
(5) TERRI CARMICHAEL JACKSON DIRECTOR	1.00	X					0	0	0	
(6) KAREN DUNN	1.00	X					0	0	0	

DIRECTOR (FROM 02/25)													
(7) DARALYN DURIE ..... DIRECTOR	1.00 .....	X								0	0	0	
(8) STACEY FRIEDMAN ..... DIRECTOR	1.00 .....	X								0	0	0	
(9) MEENA HARRIS ..... DIRECTOR	1.00 .....	X								0	0	0	
(10) ANITA F HILL ..... DIRECTOR	1.00 .....	X								0	0	0	
(11) MARGARET HUANG ..... DIRECTOR	1.00 .....	X								0	0	0	
(12) GARRY JENKINS ..... DIRECTOR	1.00 .....	X								0	0	0	
(13) DAVID LOPEZ ..... DIRECTOR	1.00 .....	X								0	0	0	
(14) MELISSA MURRAY ..... DIRECTOR	1.00 .....	X								0	0	0	
(15) KIMBERLY PARKER ..... DIRECTOR	1.00 .....	X								0	0	0	
(16) BECKY PRINGLE ..... DIRECTOR (FROM 10/24)	1.00 .....	X								0	0	0	
(17) JULIETTE PRYOR ..... DIRECTOR (FROM 10/24)	1.00 .....	X								0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MONICA RAMIREZ ..... DIRECTOR	1.00 .....	X						0	0	0
(19) MAYA RUPERT ..... DIRECTOR	1.00 .....	X						0	0	0
(20) CLARA J SHIN ..... DIRECTOR	1.00 .....	X						0	0	0
(21) KRISTIN SVERCHEK ..... DIRECTOR	1.00 .....	X						0	0	0
(22) NANCY L WITHBROE ..... CHIEF OF STAFF	37.50 .....			X				302,238	0	47,582
(23) KATHARINE ALEXANDRA BRAHA ..... CHIEF OPERATING OFFICER	37.50 .....			X				271,860	0	42,702
(24) EMILY MARTIN ..... CHIEF PROGRAM OFFICER	37.50 .....				X			295,376	0	42,069

(25) UMA M IYER CHIEF EXTERNAL AFFAIRS OFFICER	37.50				X			291,079	0	28,689
(26) VIBHA MILLER VP FOR HR AND LABOR REL.	37.50				X			260,719	0	36,766
(27) NEENA K CHAUDHRY VP & GENERAL COUNSEL	37.50				X			252,475	0	29,760
(28) GRETCHEN BORCHELT VP FOR REPROD. RIGHTS & HEALTH	37.50				X			227,976	0	50,186
(29) ANGEL PADILLA VP FOR POLICY STRATEGY	37.50				X			226,230	0	41,236
(30) CRYSTAL COACHE VP FOR DIV., EQUITY, INCL. & BELONG.	37.50				X			218,470	0	48,967
(31) TANYA TAMAR CLARKE VP FOR FINANCE	37.50				X			241,304	0	25,129
(32) JASMINE V TUCKER VP FOR RESEARCH	37.50				X			229,209	0	36,540
(33) MELISSA S BOTEACH VP FOR INC. SEC. & CHILD CARE	37.50				X			236,019	0	25,893
(34) KIARA PESANTE HAUGHTON VP FOR CAMPAIGNS & COMMS.	37.50				X			220,882	0	38,253
(35) GAYLYNN BURROUGHS VP FOR EDU. & WORKPLACE JUSTICE	37.50				X			189,893	0	47,754
(36) ANDREA PAGANO REYES VP FOR DEVELOPMENT	37.50				X			207,354	0	15,422
(37) AMY KORYTOWSKI MATSUI VP FOR INC. SEC. & CHILD CARE	37.50				X			151,550	0	46,984
(38) KAREN L SCHULMAN SR. DIR. OF STATE CHILD CARE POLICY	37.50					X		184,984	0	29,400
(39) JOSE A COLON FRANCIS SR. DIR. OF LABOR REL. (UNTIL 10/24)	37.50					X		183,875	0	27,408
(40) CHRISTOPHER R HATTY SR. DIR. OF IT & OPERATIONS	37.50					X		187,675	0	18,854
(41) GISELLE POLE SR. DIR. OF PHILANTHROPIC ENGAGEMENT	37.50					X		173,564	0	28,159
(42) JENNIFER L MONDINO SR. DIR., TIME'S UP LEGAL DEF. FUND	37.50					X		178,381	0	12,322
(43) JODI A MICHAEL FORMER KEY EMPLOYEE	0.00						X	111,588	0	0

<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								5,332,199	0	793,493

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 99

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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.

(A) Name and business address	(B) Description of services	(C) Compensation
M&R STRATEGIC SERVICES 1101 17TH SREET NW SUITE 301 WASHINGTON, DC 20036	DGTL, F/R, CAMPAIGN/PROG. MGMT	1,591,722
ELAN CORPORATE PAYMENT SYSTEMS	PAYMENT SERVICES	1,111,599

PO BOX 790428 ST LOUIS, MO 631790428		
ADDISON PROF FINANCIAL SEARCH	TEMPORARY STAFFING	339,715
7076 SOLUTIONS CENTER CHICAGO, IL 606777000		
PORTER NOVELLI INC	PR/MEDIA ENG./MESSAGING	325,833
PO BOX 771633 ST LOUIS, MO 63177		
MARRIOTT HOTEL SERVICES INC	CATERING AND EVENT SERVICES	293,863
901 MASSACHUSETTS AVE NW WASHINGTON, DC 20001		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>20</b>		

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1</b> <b>Contributions, Gifts, Grants and Other Similar Amounts</b>				
<b>1a</b> Federated campaigns . . . . .				
<b>1b</b> Membership dues . . . . .				
<b>1c</b> Fundraising events . . . . . 1,802,083				
<b>1d</b> Related organizations . . . . .				
<b>1e</b> Government grants (contributions) . . . . .				
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . 21,609,622				
<b>1g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . . 1,230,658				
<b>h Total.</b> Add lines 1a-1f . . . . .	23,411,705			

Program Service Revenue	Business Code			
		(A)	(B)	(C)
<b>2a</b> CONTRACT INCOME				
	900099	156,413	156,413	
<b>2b</b> HONORARIA				
	900099	51,900	51,900	
<b>2c</b> LEGAL FEES				
	900099	9,234	9,234	
<b>2d</b>				
<b>2e</b>				
<b>2f</b> All other program service revenue.				
<b>2g Total.</b> Add lines 2a-2f. . . . .		217,547		
<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		690,817		32,149
<b>4</b> Income from investment of tax-exempt bond proceeds				
<b>5</b> Royalties . . . . .		2,250		2,250
<b>6a</b> Gross rents				
	(i) Real			
	(ii) Personal			

<b>Other Revenue</b>	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			57,370,306				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	57,181,806			
		<b>c</b> Gain or (loss)	<b>7c</b>	188,500			
	<b>d</b> Net gain or (loss)				188,500		188,500
	<b>a</b> Gross income from fundraising events (not including \$ 1,802,083 of contributions reported on line 1c). See Part IV, line 18		<b>8a</b>	114,725			
		<b>b</b> Less: direct expenses	<b>8b</b>	719,187			
		<b>c</b> Net income or (loss) from fundraising events				-604,462	-604,462
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>9a</b>				
<b>b</b> Less: direct expenses		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>	15,366				
	<b>b</b> Less: cost of goods sold	<b>10b</b>	35,080				
	<b>c</b> Net income or (loss) from sales of inventory				-19,714	-19,714	
<b>11a</b> RETAINER REFUND	Business Code	900099			175,499	175,499	
	<b>b</b> OTHER INCOME	900099			56,011	56,011	
	<b>c</b> INSURANCE CLAIM	900099			35,000	35,000	
	<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d					266,510		
<b>12 Total revenue.</b> See instructions					24,153,153	197,833	
					32,149	511,466	

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**Part IX Statement of Functional Expenses**  
 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,905,509	1,905,509		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	679,448	679,448		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	5,101,580	4,084,363	710,692	306,525

<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	16,817,071	12,753,866	2,289,672	1,773,533
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,519,423	1,152,163	206,614	160,646
<b>9</b> Other employee benefits . . . . .	2,131,352	1,638,830	284,639	207,883
<b>10</b> Payroll taxes . . . . .	1,684,916	1,293,483	230,082	161,351
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	10,643	3,143		7,500
<b>c</b> Accounting . . . . .	84,283	58,092	19,169	7,022
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	608,577			608,577
<b>f</b> Investment management fees . . . . .	144,572		144,572	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,205,867	2,743,186	225,183	237,498
<b>12</b> Advertising and promotion . . . . .	725,624	633,392	39,994	52,238
<b>13</b> Office expenses . . . . .	394,059	275,101	25,635	93,323
<b>14</b> Information technology . . . . .	782,478	580,060	86,362	116,056
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,432,837	1,018,124	282,649	132,064
<b>17</b> Travel . . . . .	422,536	364,870	11,987	45,679
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	537,654	434,968	12,597	90,089
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	612,112	449,540	110,079	52,493
<b>23</b> Insurance . . . . .	143,962	110,603	21,135	12,224
<b>24</b> 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.)				
<b>a</b> SUBSCR. & PUBLICATIONS	384,355	356,390	16,766	11,199
<b>b</b> DUES AND REGISTRATIONS	165,036	131,214	24,275	9,547
<b>c</b> MERCHANT FEES	56,719	53,896	1,275	1,548
<b>d</b> BAD DEBT EXPENSE	16,600	15,774	373	453
<b>e</b> All other expenses	13,610	12,426	673	511
<b>25 Total functional expenses.</b> Add lines 1 through 24e	39,580,823	30,748,441	4,744,423	4,087,959
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	483,309	356,725	0	126,584

Part X **Balance Sheet**

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

	(A) Beginning of year		(B) End of year
<b>1</b> Cash-non-interest-bearing . . . . .	8,783,731	<b>1</b>	830,283
<b>2</b> Savings and temporary cash investments . . . . .	25,736,610	<b>2</b>	20,400,827
<b>3</b> Pledges and grants receivable, net . . . . .	22,248,470	<b>3</b>	20,461,999
<b>4</b> Accounts receivable, net . . . . .	1,912	<b>4</b>	320,639
<b>5</b> 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		<b>5</b>	
<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	

<b>Assets</b>	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		50,490	8	67,798	
	9	Prepaid expenses and deferred charges		1,447,469	9	706,743	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,700,485			
			b	Less: accumulated depreciation	1,364,014	5,847,479	10c
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		41,818,331	12	47,109,284	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		84,638	14	54,685	
	15	Other assets. See Part IV, line 11		12,366,635	15	10,215,327	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		118,385,765	16	105,504,056	
	<b>Liabilities</b>	17	Accounts payable and accrued expenses		3,555,758	17	2,689,991
		18	Grants payable			18	
		19	Deferred revenue		15,225	19	
		20	Tax-exempt bond liabilities			20	
		21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
22		Loans and other payables to 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			22		
23		Secured mortgages and notes payable to unrelated third parties			23		
24		Unsecured notes and loans payable to unrelated third parties			24		
25		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		18,218,529	25	16,093,819	
26		<b>Total liabilities.</b> Add lines 17 through 25		21,789,512	26	18,783,810	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	27	Net assets without donor restrictions		20,384,108	27	14,891,548	
	28	Net assets with donor restrictions		76,212,145	28	71,828,698	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	<b>Total net assets or fund balances</b>		96,596,253	32	86,720,246	
33	<b>Total liabilities and net assets/fund balances</b>		118,385,765	33	105,504,056		

Form 990 (2024)

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,153,153
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,580,823
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,427,670
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,596,253
5	Net unrealized gains (losses) on investments	5	5,336,809
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	214,854
10	<b>Net assets or fund balances at end of year.</b> Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	86,720,246

Part XII **Financial Statements and Reporting**

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

1	Accounting method used to prepare the Form 990:	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	<input type="checkbox"/> Other		Yes	No
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If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

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

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

- Separate basis     Consolidated basis     Both consolidated and separate basis

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

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

- Separate basis     Consolidated basis     Both consolidated and separate basis

**c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

**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.

<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

Form 990 (2024)

Form 990 (2024)

**Additional Data**

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**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

Special Condition Description

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public Inspection

<b>Name of the organization</b> NATIONAL WOMEN'S LAW CENTER	<b>Employer identification number</b> 52-1213010
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year						
---------------	--	--	--	--	--	--

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	46,813,098	22,631,390	28,745,135	41,186,599	23,411,705	162,787,927
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
<b>4 Total.</b> Add lines 1 through 3	46,813,098	22,631,390	28,745,135	41,186,599	23,411,705	162,787,927
<b>5</b> 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) . . . . .						39,267,879
<b>6 Public support.</b> Subtract line 5 from line 4.						123,520,048

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4. . . . .	46,813,098	22,631,390	28,745,135	41,186,599	23,411,705	162,787,927
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	67,005	38,985	380,244	570,266	660,918	1,717,418
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .		1,777	2,775		20,120	24,672
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	10	-432	2,433	57,327	266,510	325,848
<b>11 Total support.</b> Add lines 7 through 10						164,855,865
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	843,822
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	74.930 %
<b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	78.810 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

Schedule A (Form 990) 2024

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business . . . . .						

4	not an unrelated trade or business under section 513 . . . . .					
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .					
6	The value of services or facilities furnished by a governmental unit to the organization without charge					
7a	<b>Total.</b> Add lines 1 through 5					
7b	Amounts included on lines 1, 2, and 3 received from disqualified persons					
7c	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.					
8	<b>Public support.</b> (Subtract line 7c from line 6.)					

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6. . . . .					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .					
10b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
10c	Add lines 10a and 10b.					
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .					
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .					

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

15	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	16	

**Section D. Computation of Investment Income Percentage**

17	Investment income percentage for <b>2024</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	
18	Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	18	

19a **33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

b **33 1/3% support tests-2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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 <b>Part VI</b> when and how the organization made the		

determination.

- 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.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
  - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
  - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*
  - 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?
  - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
  - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
  - c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
  - 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).*

3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2024

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
		1	

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

a  The organization satisfied the Activities Test. Complete **line 2** below.

b  The organization is the parent of each of its supported organizations. Complete **line 3** below.

c  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above 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.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," 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.

		Yes	No
2a			
		2a	
2b			
		2b	
3a			
		3a	
3b			
		3b	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	

<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by 0.035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Schedule A (Form 990) 2024**

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

<b>Section D - Distributions</b>		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024:			
<b>a</b> From 2019. . . . .			
<b>b</b> From 2020. . . . .			
<b>c</b> From 2021. . . . .			
<b>d</b> From 2022. . . . .			
<b>e</b> From 2023. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7:			

<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2024 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	Excess from 2020. . . . .		
<b>b</b>	Excess from 2021. . . . .		
<b>c</b>	Excess from 2022. . . . .		
<b>d</b>	Excess from 2023. . . . .		
<b>e</b>	Excess from 2024. . . . .		

Schedule A (Form 990) (2024)

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

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2024

**Additional Data**

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**Software ID:**  
**Software Version:**

**Schedule B**  
 (Form 990)  
 (Rev. January 2025)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, or 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
 NATIONAL WOMEN'S LAW CENTER

**Employer identification number**  
 52-1213010

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization  
 NATIONAL WOMEN'S LAW CENTER

**Employer identification number**  
 52-1213010

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			<input type="checkbox"/> Person

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ RESTRICTED	<input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization NATIONAL WOMEN'S LAW CENTER	Employer identification number 52-1213010
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**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
-		\$	

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 4

Name of organization NATIONAL WOMEN'S LAW CENTER	Employer identification number 52-1213010
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
Transferee's name, address, and ZIP 4		(e) Transfer of gift 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
-			
Transferee's name, address, and ZIP 4		(e) Transfer of gift 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
-			
Transferee's name, address, and ZIP 4		(e) Transfer of gift 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
-			
Transferee's name, address, and ZIP 4		(e) Transfer of gift Relationship of transferor to transferee	
-			

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## Additional Data

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Software ID:  
Software Version:

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2024

Open to Public Inspection

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.

Table with 2 columns: Name of the organization (NATIONAL WOMEN'S LAW CENTER) and Employer identification number (52-1213010)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions ..... \$
3 Volunteer hours for political campaign activities. See instructions .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... Yes No
4a Was a correction made? ..... Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$
4 Did the filing organization file Form 1120-POL for this year? ..... Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	229,979													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	639,098													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	869,077													
<b>d</b>	Other exempt purpose expenditures .....	37,958,597													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	38,827,674													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	784,943	624,732	324,078	869,077	2,602,830
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	227,336	130,677	93,471	229,979	681,463

**Schedule C (Form 990) 2024**

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			

<b>f</b>	Grants to other organizations for lobbying purposes? .....			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b>	Other activities? .....			
<b>j</b>	Total. Add lines 1c through 1i .....			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

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

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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Schedule C (Form 990) 2024

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Table with 2 columns: Name of the organization (NATIONAL WOMEN'S LAW CENTER) and Employer identification number (52-1213010)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1a-2b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 0%
b Permanent endowment 59.550%
c Term endowment 40.450%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) CFI CAPITAL PARTNERS VI, LP	1,882,741	F
(B) CFI CAPITAL PARTNERS VII, LP	1,196,942	F
(C) OCIO GLOBAL PRIVATE EQUITY FUND V	271,021	F
(D) COMMONFUND OCIO GLOBAL EQUITY LLC	27,122,503	F
(E) CFI HIGH QUALITY BOND, LLC	6,342,272	F
(F) CF CREDIT SERIES	3,275,423	F
(G) CF REIT PORTFOLIO, LLC	1,443,716	F
(H) VENTURE PARTNERS XV	189,592	F
(I) CF REAL ESTATE & INFRASTRUCTURE OPPORTUNITY FUND III	23,546	F
(J) GLOBAL ABSOLUTE ALPHA COMPANY A	2,703,697	F
(K) FIDELITY 500 INDEX	947,130	F
(L) FIDELITY INTER TREASURY BOND INDEX FUND	768,251	F
(M) VANGUARD REIT ETF	473,575	F
(N) FIDELITY U.S. BOND INDEX FUND	468,875	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	47,109,284	

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSET, NET	9,362,886
(2) DEFERRED COMPENSATION INVESTMENTS	455,035
(3) SECURITY DEPOSITS	152,040
(4) DUE FROM ACTION FUND	240,261
(5) OTHER RECEIVABLES	5,105
(6)	
(7)	
(8)	
(9)	

**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.) 10,215,327

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OPERATING LEASE LIABILITY	15,638,784
DEFERRED COMPENSATION LIABILITY	455,035
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	16,093,819

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

**Schedule D (Form 990) (Rev. 1-2025)**

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

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

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

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

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

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

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUND #1 A FOUNDATION PROVIDED \$10,000,000 TO NWLC TO START AN ENDOWMENT AND PAY THE OPERATING EXPENSES OF THE RELATED ENDOWMENT CAMPAIGN AS A

ENDOWMENT AND PAY THE OPERATING EXPENSES OF THE RELATED ENDOWMENT CAMPAIGN. AS A RESULT, NWLC RECEIVED A TOTAL OF \$14,182,895 FROM THE FOUNDATION AND OTHER DONORS TO PROVIDE UNRESTRICTED, GENERAL SUPPORT. ENDOWMENT FUND #2 A FOUNDATION PROVIDED \$6,000,000 TO NWLC FOR AN ENDOWMENT FUND TO PROVIDE UNRESTRICTED, GENERAL SUPPORT.

Schedule D (Form 990) (Rev. 1-2025)

## Additional Data

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**Software ID:**  
**Software Version:**

**SCHEDULE G  
(Form 990)**  
(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, 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.  
▶ Go to [www.irs.gov/Form990](http://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

**Employer identification number**  
52-1213010

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
M&R STRATEGIC SERVICES 1101 17TH STREET NW SUITE 301 WASHINGTON, DC 20036	RAPID RESPONSE & DIGITAL/FUND. SUPPORT		No	865,681	155,243	710,438
K2D STRATEGIES 4201 WILSON BOULEVARD SUITE 300 ARLINGTON, VA 22203	PROVIDED DIRECT RESPONSE FUNDRAISING CONSULTING SERVICES.		No	262,209	88,500	173,709
GAMES DONE QUICK LLC 4413 8TH STREET S ARLINGTON, VA 22204	ONLINE CHARITY FUNDRAISER		No	151,828	23,000	128,828
PENTERA INC 8650 COMMERCE PARK PLACE SUITE G INDIANAPOLIS, IN 46268	PROVIDED ANNUAL PLANNED GIVING MARKETING PROGRAM AND RELATED		No	21,034	21,034	0
STOTT DEVELOPMENT SOLUTIONS GROUP INC 4516 WOODDALE AVENUE EDINA, MN 55424	PROVIDED STRATEGIC DEVELOPMENT PLANNING		No	0	320,800	-320,800
<b>Total</b>				1,300,752	608,577	692,175

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Cat. No. 50083H

Schedule G (Form 990) (Rev. 1-2025)

Schedule G (Form 990) (Rev. 1-2025)

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>AWARDS GALA</b> (event type)	<b>GENDER JUSTICE RECEPTION SF</b> (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts . . . . .	1,905,308	11,500		1,916,808
2	Less: Contributions . . . . .	1,796,108	5,975		1,802,083
3	Gross income (line 1 minus line 2) . . . . .	109,200	5,525		114,725
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .	44,587	5,987	50,574
	7	Food and beverages . . . . .	232,984	260	233,244
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	434,836	533	435,369
10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				719,187
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-604,462

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

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 . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

Schedule G (Form 990) (Rev. 1-2025)

Page 3

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . .	13a	%
b An outside facility . . . . .	13b	%

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

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:  
Name ▶ -----  
Address ▶ -----

16 Gaming manager information:  
Name ▶ -----  
Gaming manager compensation ▶ \$ -----  
Description of services provided ▶ -----  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:  
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No  
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
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**Additional Data**

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**Software ID:**  
**Software Version:**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

(Rev. January 2025)

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

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization NATIONAL WOMEN'S LAW CENTER	Employer identification number 52-1213010
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**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL WOMEN'S LAW CENTER ACTION FUND 1350 I STREET NW 700 WASHINGTON, DC 20005	46-0639645	501(C)(4)	560,000	0			TO SUPPORT LOBBYING ACTIVITIES AT THE LOCAL, STATE AND FEDERAL LEVELS OF GOVERNMENT. SUCH ACTIVITIES MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: LOBBYING OF LEGISLATORS AND STAFF, GENERATING ACTION ALERTS, PREPARING MATERIALS AND FACT SHEETS DESCRIBING LEGISLATION OR PROPOSING LEGISLATION, AND ORGANIZING EVENTS DESIGNED TO PROMOTE LEGISLATION.
(2) NEW VENTURE FUND 1828 L STREET NW SUITE 300-A WASHINGTON, DC 20036	20-5806345	501(C)(3)	527,000	0			GENERAL GRANT SUPPORT
(3) CLASP 1310 L STREET NW SUITE 900 WASHINGTON, DC 20005	23-7000150	501(C)(3)	147,273	0			GENERAL GRANT SUPPORT
(4) JOBS WITH JUSTICE EDUCATION FUND 1150 CONNECTICUT AVENUE NW SUITE 200 WASHINGTON, DC 20036	52-1865575	501(C)(3)	100,000	0			GENERAL GRANT SUPPORT
(5) PARTNERSHIP FOR COMMUNITY ACTION 722 ISLETA BLVD SW APT B ALBUQUERQUE, NM 87105	31-1815692	501(C)(3)	75,000	0			GENERAL GRANT SUPPORT
(6) TRANSFORMATIVE ORGANIZATIONAL CONSULTING 5501 RIO STREET NORTH CHARLESTON, SC 29406	93-3102146		75,000	0			GENERAL GRANT SUPPORT
(7) 9T05 NATIONAL ASSOCIATION OF WORKING WOMEN 501 PULLMAN STREET SW STE 344 ATLANTA, GA 30312	34-1246311	501(C)(3)	50,000	0			GENERAL GRANT SUPPORT
(8) OPEN MARKETS INSTITUTE 655 15TH STREET NW SUITE 800 WASHINGTON, DC 20005	82-2529375	501(C)(3)	50,000	0			GENERAL GRANT SUPPORT
(9) TIDES CENTER PO BOX 889385 LOS ANGELES, CA 90088	94-3213100	501(C)(3)	50,000	0			GENERAL GRANT SUPPORT
(10) NATIONAL INDIAN CHILD CARE ASSOCIATION 585 WYANDOTTE AVENUE 380 PO BOX 380 RAMONA, OK 74061	73-1459645	501(C)(3)	31,270	0			GENERAL GRANT SUPPORT
(11) IPAS 4711 HOPE VALLEY ROAD SUITE 4F-720 DURHAM, NC 27707	56-1071085	501(C)(3)	25,000	0			GENERAL GRANT SUPPORT
(12) JANE'S DUE PROCESS 1401 LAVACA STREET PMB 41363 AUSTIN, TX 78701	75-2917844	501(C)(3)	25,000	0			GENERAL GRANT SUPPORT
(13) SISTER REACH INC 2811 CLARKE ROAD MEMPHIS, TN 38115	45-4013343	501(C)(3)	25,000	0			GENERAL GRANT SUPPORT
(14) WOMEN WITH A VISION INC 2030 ORETHA CASTLE HALEY BOULEVARD NEW ORLEANS, LA 70113	72-1202185	501(C)(3)	25,000	0			GENERAL GRANT SUPPORT
(15) METANOIA 2005 RAYNOLDS AVENUE NORTH CHARLESTON, SC 29405	20-0310400	501(C)(3)	24,500	0			GENERAL GRANT SUPPORT

(16) OLE EDUCATION FUND 411 BELLAMAH NW ALBUQUERQUE, MN 87102	27-1275857	501(C)(3)	23,500	0		GENERAL GRANT SUPPORT
(17) PREGNANCY JUSTICE 575 8TH AVENUE 7TH FLOOR NORTH NEW YORK, NY 10018	52-2282183	501(C)(3)	15,000	0		GENERAL GRANT SUPPORT
(18) ABORTION ACTION MISSOURI FOUNDATION 3735 CONNECTICUT ST SAINT LOUIS, MO 63116	43-1770549	501(C)(3)	15,000	0		GENERAL GRANT SUPPORT
(19) PARTNERSHIP FOR SOUTHERN EQUITY INC 667 FAIRBURN ROAD NW ATLANTA, GA 30331	27-4424115	501(C)(3)	15,000	0		GENERAL GRANT SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 17  
3 Enter total number of other organizations listed in the line 1 table . . . . . 2

Schedule I (Form 990) Rev. 1-2025 Page 2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) LEGAL AND PR ASSISTANCE FROM THE LEGAL DEFENSE FUNDS	38	656,608			
(2) GRANT COMMITTEE PARTICIPATION	2	22,840			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE GRANT AWARDED DURING THE YEAR WAS MADE TO THE LEGAL DEFENSE FUND, AND GRANT FUND EXPENDITURES WERE MONITORED VIA SHARED MANAGEMENT. GRANTEEES SUBMIT QUARTERLY REPORTS ON THE STATUS OF THE CASES AND MONTHLY BILLS COVERING ATTORNEY'S FEES AND EXPENSES.

**Additional Data**

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Software ID:  
Software Version:

**Schedule J**  
(Form 990)

**Compensation Information**

(Rev. January 2025)

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](http://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

Employer identification number  
52-1213010

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 . . . . .	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? . . . . .	<b>5a</b>	No
<b>b</b> Any related organization? . . . . .	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? . . . . .	<b>6a</b>	No
<b>b</b> Any related organization? . . . . .	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) (Rev. 1-2025)

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FATIMA GOSS GRAVES PRESIDENT AND CEO	(i)	487,783	0	1,715	46,052	27,366	562,916	0
	(ii)	0	0	0	0	0	0	0
2 NANCY L WITHBROE CHIEF OF STAFF	(i)	299,310	0	2,928	29,385	18,197	349,820	0
	(ii)	0	0	0	0	0	0	0
3 EMILY MARTIN CHIEF PROGRAM OFFICER	(i)	293,866	0	1,510	28,298	13,771	337,445	0
	(ii)	0	0	0	0	0	0	0
4 UMA M IYER CHIEF EXTERNAL AFFAIRS OFFICER	(i)	290,447	0	632	24,741	3,948	319,768	0
	(ii)	0	0	0	0	0	0	0
5 KATHARINE ALEXANDRA BRAHA CHIEF OPERATING OFFICER	(i)	271,313	0	547	26,304	16,398	314,562	0
	(ii)	0	0	0	0	0	0	0
6 VIBHA MILLER VP FOR HR AND LABOR REL.	(i)	256,836	0	3,883	19,741	17,025	297,485	0
	(ii)	0	0	0	0	0	0	0

	(ii)	-	-	-	-	-	-	-
7 NEENA K CHAUDHRY VP & GENERAL COUNSEL	(i)	251,220	0	1,255	23,948	5,812	282,235	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
8 GRETCHEN BORCHELT VP FOR REPROD. RIGHTS & HEALTH	(i)	226,770	0	1,206	23,109	27,077	278,162	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9 ANGEL PADILLA VP FOR POLICY STRATEGY	(i)	225,727	0	503	22,194	19,042	267,466	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
10 CRYSTAL COACHE VP FOR DIV., EQUITY, INCL. & BELONG.	(i)	218,017	0	453	21,463	27,504	267,437	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
11 TANYA TAMAR CLARKE VP FOR FINANCE	(i)	240,518	0	786	23,070	2,059	266,433	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
12 JASMINE V TUCKER VP FOR RESEARCH	(i)	228,756	0	453	22,204	14,336	265,749	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
13 MELISSA S BOTEACH VP FOR INC. SEC. & CHILD CARE	(i)	235,516	0	503	22,209	3,684	261,912	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
14 KIARA PESANTE HAUGHTON VP FOR CAMPAIGNS & COMMS.	(i)	220,429	0	453	19,584	18,669	259,135	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
15 GAYLYNN BURROUGHS VP FOR EDU. & WORKPLACE JUSTICE	(i)	189,251	0	642	19,152	28,602	237,647	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
16 ANDREA PAGANO REYES VP FOR DEVELOPMENT	(i)	206,902	0	452	13,855	1,567	222,776	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
17 KAREN L SCHULMAN SR. DIR. OF STATE CHILD CARE POLICY	(i)	184,094	0	890	17,717	11,683	214,384	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
18 JOSE A COLON FRANCIS SR. DIR. OF LABOR REL. (UNTIL 10/24)	(i)	138,430	0	45,445	16,706	10,702	211,283	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
19 CHRISTOPHER R HATTY SR. DIR. OF IT & OPERATIONS	(i)	186,785	0	890	17,717	1,137	206,529	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
20 GISELLE POLE SR. DIR. OF PHILANTHROPIC ENGAGEMENT	(i)	173,021	0	543	16,706	11,453	201,723	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
21 AMY KORYTOWSKI MATSUI VP FOR INC. SEC. & CHILD CARE	(i)	150,789	0	761	15,509	31,475	198,534	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
22 JENNIFER L MONDINO SR. DIR., TIME'S UP LEGAL DEF. FUND	(i)	177,838	0	543	16,706	-4,384	190,703	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
23 JODI A MICHAEL FORMER KEY EMPLOYEE	(i)	0	0	111,588	0	0	111,588	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 1-2025)

**Part 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.

Return Reference	Explanation
PART I, LINE 4A	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE TAX YEAR: - JODI A. MICHAEL - \$111,588 - JOSE A. COLON FRANCIS - \$45,445.

Schedule J (Form 990) (Rev. 1-2025)

**Additional Data**

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Software ID:  
Software Version:

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL WOMEN'S LAW CENTER

**Employer identification number**

52-1213010

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	21	1,230,658	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ ) . . . . .				
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	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 isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**Schedule M (Form 990) (2024)**

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## Additional Data

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**Software ID:**  
**Software Version:**

**SCHEDULE O**  
**(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or 990-EZ.

Go to [www.irs.gov/Form990](http://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

Employer identification number

52-1213010

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS. THE CENTER'S CONTROLLER DOES THE FIRST REVIEW INTERNALLY BY MATCHING ALL THE NUMBERS TO THE FINANCIAL STATEMENTS AND RECORDS, AND CHECKING ALL NON-QUANTITATIVE RESPONSE FOR ACCURACY BEFORE A SECOND REVIEW IS DONE BY THE VICE PRESIDENT FOR FINANCE, FOLLOWED BY A THIRD REVIEW BY THE COO THEN A FINAL REVIEW BY THE PRESIDENT & CEO. THE CENTER'S GENERAL COUNSEL THEN REVIEWS THE DOCUMENT AS NEEDED TO ANSWER QUESTIONS. 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 ARE USED TO HELP DETERMINE ISSUES ON WHICH POTENTIAL CONFLICTS MIGHT ARISE. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER NWLC CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN NWLC'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION THE GOVERNING BOARD OR COMMITTEE SHALL MAKE ITS DECISION AS TO WHETHER NWLC SHOULD ENTER INTO THE TRANSACTION OR ARRANGEMENT.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD DESIGNATES A COMPENSATION COMMITTEE, WHICH HIRES AN OUTSIDE CONSULTANT TO CONDUCT AN ANNUAL COMPARABILITY STUDY, BASED ON DATA REGARDING SIMILARLY SITUATED NONPROFITS IN WASHINGTON, DC AND NATIONALLY. THE CONSULTANT PROVIDES THE COMPENSATION COMMITTEE WITH AN ANALYSIS REGARDING REASONABLENESS OF THE CENTER'S EXECUTIVE COMPENSATION, WHICH THE COMMITTEE USES TO SET COMPENSATION AND BENEFITS. THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN MEETING MINUTES THAT ARE CONTEMPORANEOUSLY DRAFTED AND APPROVED. A COMPENSATION REVIEW WAS LAST COMPLETED IN JUNE 2025 FOR NWLC'S VICE PRESIDENTS AND IN JULY 2025 FOR THE CEO.
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, THE ORGANIZATION MAKES AVAILABLE THE DOCUMENTS REQUIRED TO BE MADE PUBLICLY AVAILABLE BY SECTION 6104.
FORM 990, PART XI, LINE 9:	GAIN ON LEASE MODIFICATION 214,854.

**Additional Data**

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**Software ID:**  
**Software Version:**

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL WOMEN'S LAW CENTER

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-1213010

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Includes entries for NATIONAL WOMEN'S LAW CENTER FUND LLC and ABORTION ACCESS LEGAL DEFENSE FUND LLC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025)

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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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.

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).



