MISSION STATEMENT

For more than 45 years, the National Partnership for Women & Families has fought for every major policy advance that has helped this nation’s women and families.

Our mission is to foster a society in which, workplaces are fair and family friendly, discrimination is a thing of the past, everyone has access to quality, affordable health care and every person can live with dignity and achieve economic security.

Founded in 1971 as the Women’s Legal Defense Fund, the National Partnership for Women & Families is a nonprofit, nonpartisan 501(c)(3) organization based in Washington, D.C.

LETTER FROM THE PRESIDENT

Dear Friends,

Thanks to your unflagging support, we’ve made tremendous strides for women and families over these past two years. On the issues that matter most to our nation’s women, the National Partnership has won major victories and positioned ourselves for even greater successes in the years ahead.

From galvanizing a tidal wave of support for family friendly workplace policies and fair wages, to championing quality health care for all, to promoting families’ economic security, to standing up for the reproductive health and rights of all women . . . the National Partnership has fought hard each and every day.

And for our country’s mothers, daughters, sisters and wives, we will keep pushing for new victories—in board rooms, exam rooms and the halls of Congress, state legislatures and city councils. We never forget that we stand on the shoulders of women who sacrificed and fought to win essential gains for our generation. So, even as we blaze new trails, we remain vigilant and fight back against every attempt to turn back the clock.

Thank you for standing with us as we continue to build a healthy, hopeful future for America’s women and families. I look forward to seeing what we will achieve together in the coming months and years.

Debra L. Ness
President
WORKPLACE PROGRAMS

The National Partnership strives for workplaces that are fair and family friendly—so that women and all workers can provide for themselves and their families without suffering discrimination and have the fundamental support they need to meet their responsibilities at home and on the job.
At some point, nearly everyone will need to take time away from work to deal with a personal illness, or care for a sick child or ailing loved one. But for far too many people, this can result in serious financial strain or hardship, or lost job opportunity. Our nation needs workplace policies that reflect the realities of our lives.

The National Partnership works to advance laws at the federal, state and local levels and private sector initiatives that expand access to family and medical leave, guarantee all workers the right to earn paid sick days and establish a national paid family and medical leave insurance program—all essential to the economic vitality of our nation and our families.
Promoting Paid Sick Days

OUR IMPACT

► Fought for and won an executive order that requires federal contractors and subcontractors to allow all employees who work on their federal contracts to earn paid sick time. When it takes effect in 2017, an estimated 300,000 more workers will earn paid sick days, and others will have access to more paid sick time than they do now.

► Provided expertise that helped lead to paid sick days victories in three states and 19 localities in just the last two years—brining the total number of paid sick days laws nationwide to 25. When these laws are fully implemented, more than 10 million additional U.S. workers will be able to earn paid sick days.

► Elevated paid sick days as a key issue in Congress, building record support for the Healthy Families Act—the national paid sick days bill—and first-ever indications of bipartisan congressional support for paid sick days when more than a dozen Republicans voted for a non-binding budget resolution in support of paid sick days in March 2015.

“Demographic and economic factors make it essential that we come to terms with the fact that our current patchwork of policies is not working.”
— VICKI SHABO, VICE PRESIDENT, NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES, GIVEN IN TESTIMONY TO THE U.S. COMMITTEE ON HEALTH, EDUCATION, LABOR AND PENSIONS’ SUBCOMMITTEE ON CHILDREN AND FAMILIES, JULY 2014
Advancing Paid Family & Medical Leave

OUR IMPACT

- Won high-profile Administration support for national paid family and medical leave and new investments in spurring state paid leave programs—including new executive actions to make paid family leave more accessible to federal workers and a call by President Obama for a national paid family and medical leave bill. The President cited the Family And Medical Insurance Leave (FAMILY) Act as the leading solution.

- Provided strategic leadership to state advocates and legislators considering state paid leave programs, leading to the introduction of state paid leave bills in nearly half of all states in 2015.

- Influenced the development and execution of the Administration’s “Lead on Leave” campaign and tour, cosponsored by the White

“...The Family and Medical Leave Act was an enormous breakthrough, but we have to go farther. It’s not enough just to have your job held for you. Without paid leave, working families’ economic security is undermined.”

—U.S. SECRETARY OF LABOR
THOMAS E. PEREZ, SAN FRANCISCO REGIONAL FORUM, WHITE HOUSE SUMMIT ON WORKING FAMILIES, MAY 2014
House and the U.S. Department of Labor, which educates the public, acknowledges forward-thinking businesses and continues creating a groundswell of demand for family friendly workplace practices.

- Led a powerful coalition that is increasing support in Congress for the FAMILY Act, won new private sector policies and cultivated business support for a national paid family and medical leave standard.

- Created a growing drumbeat for federal policy solutions by generating media coverage on the urgent need for paid family and leave—including high-profile coverage on CBS Sunday Morning for Father’s Day, on MSNBC, in major national, regional, state and online publications, and even on popular late-night programs like Last Week Tonight with John Oliver.

“...tremendous [with their] intellectual mobilization and in every way whether you want to maneuver inside, convince, mobilize outside, convince – the National Partnership for Women & Families has been in the lead. I think anyone who works [on Capitol Hill] knows we owe a great debt of gratitude to them for what they have done and what they continue to do.”

— HOUSE DEMOCRATIC LEADER NANCY PELOSI, WORKING FAMILIES DAY OF ACTION PRESS CONFERENCE, OCTOBER 2015
Women should not be paid less than men for doing the same work. Women should not be fired or lose promotions because they are pregnant. And women should never have to experience sexual harassment at work. Ever.

It’s not right, but discrimination persists in the 21st century workplace.

The National Partnership promotes policies that prevent women from being penalized because of their gender or their caregiving or childbearing status. We push to expand job opportunities for women and vigorously enforce employment discrimination laws. We educate women about their legal rights and inform the public about the severe costs of discrimination for families and our nation’s economy.
Fighting for Fair Pay

OUR IMPACT

» Won strong executive actions to create fairer working conditions for the estimated 28 million employees of federal contractors. These include actions that prohibit retaliation against workers who share their pay information with colleagues and that require employers who win federal contracts to make their wage and benefit information more accessible.

» Influenced major national and regional news coverage about fair pay, including on the editorial pages of the New York Times.

» Advanced a more holistic conversation about the causes of the gender-based wage gap and ways to close it in a groundbreaking policy report, An Unlevel Playing Field which confirms a substantial gender-based wage gap for mothers, including single mothers and mothers of color. The report examines the ways these pay disparities make it impossible for women and families to afford basic expenses and proposes a comprehensive, three-part policy agenda to help women enter, advance and keep their jobs.

» Advocated for two congressional votes on fair pay in 2014 to get Senators on record, and continue to help lead the fight for the Paycheck Fairness Act.

National Partnership President Debra L. Ness looks on as President Obama signs an historic executive order updating overtime pay regulations in March 2014.
Battling Pregnancy Discrimination

OUR IMPACT

- Drafted an amicus brief and coordinated strategic communications on Young v. United Parcel Service, a case in which the Supreme Court rightly held that employers may be liable for denying pregnant workers reasonable accommodations on the job.

- Advocated for the Pregnant Workers Fairness Act, which was reintroduced in 2015 with bipartisan support. This proposed law would guarantee women the right to reasonable workplace accommodations during pregnancy.

- Secured strong new pregnancy discrimination guidance from the Equal Employment Opportunity Commission (EEOC) and new proposed sex discrimination regulations from the U.S. Department of Labor (DOL). The DOL regulations update guidance from the 1970s—a throwback to the time when “women’s” and “men’s” jobs appeared in separate categories in the classified ad section of newspapers—and the EEOC guidance updates 1980s-era compliance manual. Both updates were long awaited and high priorities of the National Partnership’s workplace fairness portfolio.

“When employers deny pregnant women the same on-the-job modifications provided to others, they are forcing women to make impossible choices between following their doctors’ advice and jeopardizing their families’ financial security.”

— DEBRA L. NESS, PRESIDENT, NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES
HEALTH CARE

The National Partnership plays a central role in the fight to transform our health care system so that it reduces health disparities and delivers universal access to high quality, affordable, coordinated, patient- and family-centered care.
Protecting and Advancing Women’s Health

Too many women are unable to access the essential care they need to live full and healthy lives. The National Partnership works to ensure that all women can access the health care they need, including the full range of reproductive health services, by fighting to take politics out of medicine, make care more accessible, eliminate barriers to coverage, foster reliable delivery of safe and effective care and reduce disparities in our nation’s health care system.
Improving Maternity Care Quality

OUR IMPACT

- Issued a groundbreaking, highly-regarded scientific report on childbearing and maternity care. *Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care* offers insights for childbearing women, clinicians and policymakers on how to transform maternity care. It is being translated into Spanish and Chinese.

- Advocated for the bipartisan Quality Care for Moms and Babies Act, which would introduce a maternity care quality measurement program for women and babies covered by Medicaid and the Child Health Insurance Program. In addition, the bill would provide resources to help set up or expand state and regional quality collaboratives focused on improving maternity care.

- Invited to bring women’s voices and interests of mothers and babies to diverse policy and quality tables, including advisory groups of federal agencies and health professional, quality and research organizations.

- Invited to contribute commentary in the leading medical journal *The Lancet* that accompanied landmark series of reports, published in September 2014, highlighting the benefits of midwifery care.
Drafted the Patient Trust Act and launched campaigns to introduce it in key states, including Pennsylvania, Texas and Arizona. This legislation addresses the growing problem of laws that impose politics on medical care and would expand access to abortion care in jurisdictions that restrict access now.

“American women need unimpeded access to the care that is appropriate for them, when they need it, period.”

— JOHN C. JENNINGS, MD, FORMER PRESIDENT, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES
BAD MEDICINE PRESS RELEASE, JULY 2014

Advancing and Protecting Reproductive Health and Rights

OUR IMPACT

Drafted the Patient Trust Act and launched campaigns to introduce it in key states, including Pennsylvania, Texas and Arizona. This legislation addresses the growing problem of laws that impose politics on medical care and would expand access to abortion care in jurisdictions that restrict access now.

- Won a significant victory to restore equity in abortion coverage for Peace Corps volunteers more than 35 years after this coverage was denied.
- Published a groundbreaking report, Bad Medicine: How a Political Agenda is Undermining Women’s Health Care—a critical resource that has been used by reproductive rights advocates, medical societies, and state legislators across the country to make the case for overturning harmful abortion restrictions.
- Founded the Coalition to Protect the Patient-Provider Relationship, a first-of-its-kind partnership of national medical societies, including the American Medical Association, American Congress of Obstetricians and Gynecologists, and American Academy of Pediatrics, and diverse advocacy organizations, including the Natural Resources Defense Council, the Law Center to Prevent Gun Violence and Planned Parenthood Federation of America. The Coalition is dedicated to ending political interference in the relationship between patients and their doctors.
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Working for Hobby Lobby or Conestoga should not deprive employees of the preventive care available to workers at the shop next door.”

— Justice Ruth Bader Ginsburg, Dissent in Burwell v. Hobby Lobby, June 2014
For too long, women have struggled to access affordable health coverage and essential health services. But the National Partnership has successfully pushed for historic advances that are improving access to coverage, expanding benefits and improving the quality of care.

The National Partnership continues to be a leading consumer voice in reforming the health care marketplace so that women and families can secure affordable health care coverage — without breaking the bank — and access high quality care. We strive to eliminate discrimination and disparities, and to make sure that care addresses the essential needs of women and the most vulnerable members of our society.
Implementing the Affordable Care Act

OUR IMPACT

- Celebrated a major victory for the Affordable Care Act (ACA) in June 2015 when the Supreme Court held in King v. Burwell that federal subsidies can flow through any marketplace created under the ACA, a judgment that protected access to coverage and care for millions of people. The National Partnership drew attention to the benefits of the law and the disproportionately harmful impact that a bad ruling would have had on women’s health and economic security.

- Played a key role in the successful launch of the first two open enrollment periods for the ACA marketplaces. Understanding that a great law can only help people if it is implemented properly, the National Partnership developed educational materials and disseminated them widely across the country and to lawmakers who were communicating with their constituents about the benefits of the ACA and how to enroll in health insurance plans.

- Published two well-received reports assessing the first two open enrollment periods and offering recommendations for how marketplaces can better support informed consumer decision-making. Recommendations include providing consumers with materials that help improve health insurance literacy and with key plan comparison and selection tools. Thanks to new regulatory policy, consumers will have better access to and transparency of plan information during the third open enrollment period.

- Advocated for and applauded regulations released by the administration on the ACA’s nondiscrimination provision, Section 1557. This provision marks the first time in our country’s history that federal law has prohibited sex discrimination in health care. The proposed regulations are a tremendous step forward in helping stop sex, race and other forms of discrimination in health care. The National Partnership played a critical role in ensuring that Section 1557 was included in the ACA and we will continue to fight to ensure the provision is fully implemented and enforced.

Nearly 18 million previously uninsured Americans have received health insurance since passage of the Affordable Care Act.

“The Affordable Care Act is a women’s issue ... it’s the first time in federal law that we say insurers cannot discriminate against women ... that there will be access to birth control ... we will expand Medicaid ... and make health care accessible to those with lower incomes, and that disproportionately is moms who are trying to raise children.”

— SENATOR ELIZABETH WARREN, NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES CONGRESSIONAL BRIEFING, FEBRUARY 2014
Improving Health Care Delivery

Today, our health care system rewards high volumes of care rather than high quality care.

The National Partnership works to improve the way health care is delivered by ensuring that our system provides high quality, affordable care that is coordinated and patient- and family-centered.
Ensuring Better Health Care Quality

OUR IMPACT

The National Partnership is helping ensure that all voices are heard in conversations about improving our health care system. By bringing together patients, providers, payers, advocates, insurers and government representatives, we’re driving the development of creative solutions that will make quality care more accessible to women and families.

- **Presented at two Obama administration events on health care payment and delivery system reform:** one at the White House featuring President Obama and the other with U.S. Secretary of Health and Human Services (HHS) Sylvia Burwell and other senior HHS officials. National Partnership President Debra Ness spoke on the benefits that Medicare payment and delivery system reform will bring to patients, including better care coordination, access to the right care at the right time, and improved communication with providers.

- **Served as a leading consumer voice on the Executive Committee of the Health Care Transformation Task Force,** a multi-stakeholder coalition of providers, payers, purchasers and patients that seeks to offer a consensus-based approach to implementing payment and delivery system reform.

- **Appointed to the Guiding Committee of the Health Care Payment Learning and Action Network (LAN),** an initiative launched by the White House and HHS to foster public-private partnerships to help the administration achieve its payment reform goals. This further cemented our reputation as an influential consumer voice on delivery system and payment reform issues.

“There is no dividing line between a woman’s commitment to her family and her rights in the workplace, between a family’s health and its economic security, and between the economic security of families and of our nation.”

— Debra L. Ness, President, National Partnership for Women & Families
Expanding Health Information Technology

**OUR IMPACT**

Consumers today can access almost anything with the click of a mouse, but our health care system is woefully behind the digital revolution. Effective use of health information technology (health IT) is essential to making health care better and more affordable for women and families. Women have the most to gain from implementation of health IT. On average, women use more health care services than men, and are often the primary caregivers and chief care coordinators for their families. The National Partnership is the driving force behind making sure health IT works for women and families— and their health care providers.

- Launched the Get My Health Data campaign to make it easier for patients to get their medical records and other health data and use the information to improve their health and care. The collaborative effort, coordinated by the National Partnership, is working to identify and remove the barriers patients too often experience when trying to access their health data.
- Mobilized thousands of individuals from all 50 states and the District of Columbia to rally against delays or retreats on the Meaningful Use program. Efforts included our HITECH Valentine displayed by National Coordinator for Health IT Dr. Karen DeSalvo in her keynote speech at the largest health conference in the United States, and a #NoMUWithoutMe campaign that yielded thousands of formal comments from consumers.
- Published a groundbreaking national survey that captured patients’ views on how they value and use health IT, documented striking increases in online access to health information, and identified key strategies to promote patient engagement. By amplifying the voices of patients across the nation, the survey findings help to maintain pressure on policymakers to advance policies that promote online access to and use of health information.
- Fought to improve online access to health information for patients and families, further cementing the National Partnership as the “go-to” consumer expert on health IT issues. Testified before Congress on the Meaningful Use program and patient data access, and regularly consulted with and advised the administration, policymakers and federal advisory committees.

“Medical providers treat my data as if it were top secret. I understand their concern about revealing my data to third parties, but many are reluctant to reveal it to me. Listen up! It’s my body, my health. I have the right to all relevant medical information. How can I make informed decisions about my own health if I don’t have information?”

— ADELE E. ZIMMERMANN, PATIENT TRACER, NATIONAL PARTNERSHIP’S GET MY HEALTH DATA CAMPAIGN, 2015

“Alive because of health information online.”

— Jan E., Oregon
Advancing Patient-Provider Partnerships

OUR IMPACT

- Fought successfully to include patient-centered criteria in the evaluation of a new home-based primary care delivery model for chronically ill patients, ensuring that the expansion of this exciting new model will enhance care in ways that matter most to patients and their families (such as improving patient-provider communication and coordination). The program, Independence at Home, saved more than $25 million in its first year of operation and resulted in better health outcomes for patients and fewer hospital admissions and readmissions.

- Developed a national curriculum on how physicians can effectively engage patients and families in improving their practices and provided technical assistance to 500 physician practices across seven states. Our leadership is helping health care providers recognize that vital insights from patients can help address challenges like care coordination, communication, access and safety. We have influenced requirements for new federal programs aimed at improving access to primary care in order to better meet patients and families’ needs.

- Provided technical assistance to hospitals participating in the federal Partnership for Patients health care safety and quality improvement initiative to help them effectively engage patients and families in efforts to improve health care outcomes by reducing hospital readmissions and medical errors.

- Became even better recognized as a leading national health care consumer voice and as a thought leader on patient, family and consumer engagement in the redesign of our health care delivery system.

“Our facility has reached a new level in improving the patient experience. We now strive to deliver care with — instead of to — our patients.”


Patient and Family Advisors at The Valley Hospital in Ridgewood, NJ work side by side with leaders and staff to improve nursing communication with patients and families. The National Partnership provides guidance to hospitals and primary care practices on how they can best partner with Advisors to improve quality, safety and experience of care.
“Together, we will ensure that generations of women—our daughters and granddaughters—will enjoy the equal rights, equal treatment, and equal opportunities that they deserve. ...Thank you [National Partnership] for your energy, your action and your leadership on behalf of all Americans.”

— HOUSE DEMOCRATIC LEADER NANCY PELOSI, NATIONAL PARTNERSHIP ANNUAL LUNCHEON, JUNE 26, 2014
“[The National Partnership] is a powerhouse organization. It has been for literally decades, and we owe you a profound debt of gratitude. ... The arc of the moral universe does bend toward justice. It does bend toward expanded opportunity. But it doesn’t bend on its own. So let’s bend it together. Let’s cause good trouble together. Let’s build a better country together.”

— U.S. SECRETARY OF LABOR THOMAS E. PEREZ, NATIONAL PARTNERSHIP ANNUAL LUNCHEON, JUNE 4, 2015

“It comes down to this. You need to work to pay for high quality care and you need care to work. ...This is why we’re announcing today that we’re supporting passing legislation like the FAMILY [Family And Medical Insurance Leave] Act and the Healthy Families Act. We must.”

— CARE.COM FOUNDER, CHAIRWOMAN AND CEO SHEILA LIRIO MARCELO, NATIONAL PARTNERSHIP ANNUAL LUNCHEON, JUNE 4, 2015

National Partnership Annual Luncheon 2015: (left) Charlotte Burrows and Deborah Vagins with Debra L. Ness and (above) National Partnership Board Chair Ellen Malcolm with, Tina Tchen and Megan Beyer.
THANKS TO OUR SUPPORTERS

Through the generosity of so many committed individuals and organizations, the National Partnership is a powerful voice standing up for America’s women and families — ensuring that every woman has an opportunity to participate fully in society and that every individual and family can thrive. We gratefully acknowledge all our supporters for their loyal commitment and contributions to our work, and we look forward to working together to continue to improve the lives of women and their families.
The following lists the National Partnership’s supporters over the last two fiscal years ending March 31, 2015.

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We gratefully acknowledge the generous supporters of the National Partnership’s Leadership Council — donors who have made a significant investment in our paid family and medical leave campaign and who provide ongoing counsel and advice on our efforts:

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Giselle and Brian Hale  
Christine A. Jacobs  
Marjorie Randolph

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### STATEMENT OF FINANCIAL POSITION

March 31, 2015 and March 31, 2014

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<td><strong>Total Assets</strong></td>
<td>$26,114,535</td>
<td>$27,628,589</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$210,551</td>
<td>$253,659</td>
</tr>
<tr>
<td>Accrued benefits</td>
<td>740,175</td>
<td>645,461</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>85,000</td>
<td>32,500</td>
</tr>
<tr>
<td>Deferred rent</td>
<td>460,378</td>
<td>525,367</td>
</tr>
<tr>
<td>Deposits</td>
<td>6,938</td>
<td>6,938</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$1,503,042</td>
<td>$1,463,925</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNRESTRICTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>4,134,604</td>
<td>3,635,853</td>
</tr>
<tr>
<td>Total unrestricted</td>
<td>4,134,604</td>
<td>3,635,853</td>
</tr>
<tr>
<td>TEMPORARILY RESTRICTED</td>
<td>6,422,226</td>
<td>8,470,648</td>
</tr>
<tr>
<td>PERMANENTLY RESTRICTED</td>
<td>14,054,663</td>
<td>14,058,163</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>$24,611,493</td>
<td>$26,164,664</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$26,114,535</td>
<td>$27,628,589</td>
</tr>
</tbody>
</table>
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the Year Ended March 31, 2015

<table>
<thead>
<tr>
<th>SUPPORT AND REVENUE</th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>PERMANENTLY RESTRICTED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>$196,330</td>
<td>$3,218,960</td>
<td>$</td>
<td>$3,415,290</td>
</tr>
<tr>
<td>Contributions</td>
<td>390,484</td>
<td>597,588</td>
<td>(3,500)</td>
<td>984,572</td>
</tr>
<tr>
<td>Program service revenue</td>
<td>182,973</td>
<td>-</td>
<td>182,973</td>
<td></td>
</tr>
<tr>
<td>Investment (loss) income</td>
<td>1,694,993</td>
<td>-</td>
<td>1,694,993</td>
<td></td>
</tr>
<tr>
<td>Special event, net of direct expenses ($236,875 and $239,592 respectively)</td>
<td>305,304</td>
<td>-</td>
<td>305,304</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>104,788</td>
<td>-</td>
<td>104,788</td>
<td></td>
</tr>
<tr>
<td>License fees</td>
<td>5,000</td>
<td></td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td>5,864,970</td>
<td>(5,864,970)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total revenue</td>
<td>8,744,842</td>
<td>(2,048,422)</td>
<td>(3,500)</td>
<td>6,692,920</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Policy</td>
<td>5,042,538</td>
<td>-</td>
<td>-</td>
<td>5,042,538</td>
</tr>
<tr>
<td>Workplace Policy</td>
<td>1,532,336</td>
<td>-</td>
<td>-</td>
<td>1,532,336</td>
</tr>
<tr>
<td>Advocacy</td>
<td>157,441</td>
<td>-</td>
<td>-</td>
<td>157,441</td>
</tr>
<tr>
<td>Communications</td>
<td>253,033</td>
<td>-</td>
<td>-</td>
<td>253,033</td>
</tr>
<tr>
<td>Outreach &amp; Public Education</td>
<td>150,028</td>
<td>-</td>
<td>-</td>
<td>150,028</td>
</tr>
<tr>
<td>Total Program Services</td>
<td>7,135,376</td>
<td>-</td>
<td>-</td>
<td>7,135,376</td>
</tr>
<tr>
<td>SUPPORTING SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General and administrative</td>
<td>306,781</td>
<td>-</td>
<td>-</td>
<td>306,781</td>
</tr>
<tr>
<td>Resource development</td>
<td>803,934</td>
<td>-</td>
<td>-</td>
<td>803,934</td>
</tr>
<tr>
<td>Total Supporting Services</td>
<td>1,110,715</td>
<td>-</td>
<td>-</td>
<td>1,110,715</td>
</tr>
<tr>
<td>Total expenses</td>
<td>8,246,091</td>
<td>-</td>
<td>-</td>
<td>8,246,091</td>
</tr>
</tbody>
</table>

| Change in Net Assets | $498,751 | $2,048,422 | $3,500 | $1,553,171 |
| Net assets, beginning of year | $3,635,853 | $8,470,648 | $14,058,163 | $26,164,664 |
| Net assets, end of year | $4,134,604 | $6,422,226 | $14,054,663 | $24,611,493 |
# Statement of Activities and Changes in Net Assets

For the Year Ended March 31, 2014

<table>
<thead>
<tr>
<th>SUPPORT AND REVENUE</th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>PERMANENTLY RESTRICTED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>$ -</td>
<td>$ 8,586,598</td>
<td>$ -</td>
<td>$ 8,586,598</td>
</tr>
<tr>
<td>Contributions</td>
<td>242,327</td>
<td>443,377</td>
<td>(147,024)</td>
<td>538,680</td>
</tr>
<tr>
<td>Program service revenue</td>
<td>300,000</td>
<td>-</td>
<td>300,000</td>
<td></td>
</tr>
<tr>
<td>Investment (loss) income</td>
<td>2,232,688</td>
<td>-</td>
<td>2,232,688</td>
<td></td>
</tr>
<tr>
<td>Special event, net of direct expenses ($236,875 and $239,592 respectively)</td>
<td>278,807</td>
<td>-</td>
<td>278,807</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>139,750</td>
<td>-</td>
<td></td>
<td>139,750</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td>5,519,729</td>
<td>(5,519,729)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>8,713,301</strong></td>
<td><strong>3,510,246</strong></td>
<td><strong>(147,024)</strong></td>
<td><strong>12,076,523</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td></td>
</tr>
<tr>
<td>Health Care Policy</td>
<td>4,967,678</td>
</tr>
<tr>
<td>Workplace Policy</td>
<td>1,329,042</td>
</tr>
<tr>
<td>Advocacy</td>
<td>70,121</td>
</tr>
<tr>
<td>Communications</td>
<td>223,622</td>
</tr>
<tr>
<td>Outreach &amp; Public Education</td>
<td>243,870</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
<td><strong>6,834,333</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPORTING SERVICES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General and administrative</td>
<td>286,499</td>
</tr>
<tr>
<td>Resource development</td>
<td>834,909</td>
</tr>
<tr>
<td><strong>Total Supporting Services</strong></td>
<td><strong>1,121,408</strong></td>
</tr>
</tbody>
</table>

| **Total expenses** | **7,955,741** | - | - | **7,955,741** |

| Change in Net Assets | $ 757,560 | $ 3,510,246 | (147,024) | $ 4,120,782 |
| Net assets, beginning of year | $ 2,878,293 | $ 4,960,402 | $ 14,205,187 | $ 22,043,882 |
| Net assets, end of year | $ 3,635,853 | $ 8,470,648 | $ 14,058,163 | $ 26,164,664 |
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President

Judith L. Lichtman
Senior Advisor

Tucker Ball
Chief Digital Officer

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Georgetown Women's Law & Public Policy Fellow

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Vice President for Business & Strategic Development

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Health Policy Counsel

Corinna Dragulescu
Director of Finance

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Health Information Technology Policy & Outreach Coordinator

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Development Operations Manager

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Digital Advocacy Specialist

Lee Partridge
Senior Health Policy Advisor

Karen Pesapane Zadravec
Associate Director Digital Fundraising & Data Management

Lien Phan
Senior Accountant

Vasu Reddy
Policy Counsel

Freya Rieldin
Reproductive Health Law Fellow

Cindy Romero
Communications Associate

Carol Sakala
Director of Childbirth Connection Programs

Mark Savage
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Patient & Family Engagement Manager

Christine Sloane
Workplace Outreach & Field Manager

E. Lauren Sogor
Health Communications Manager

Debbie Stillman
Director of Major Gifts

Jennifer Sweeney
Vice President

Jessi Leigh Swenson
Senior Policy Counsel for Reproductive Health Programs

Erica A. Thurman
Grants Manager

Sarah E. Towne
Workplace Policy Researcher & Writer

Ginna Van Schoick
Director of Annual Giving

Debbie Wilkes
Chief of Staff

* Staff as of October 2015

Affiliations are current at the time that the time the member served and listed for identification purposes only.

* Board tenure ended during the period covered by this report.