

Form **990**

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>MS. FOUNDATION FOR WOMEN, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>12 METROTECH CENTER 26 FL</b> City or town, state or province, country, and ZIP or foreign postal code <b>BROOKLYN, NY 11201</b> <b>F Name and address of principal officer: TERESA YOUNGER</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> 23-7252609 <b>E Telephone number</b> (212) 742-2300 <b>G Gross receipts \$</b> 23,509,716. <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.FORWOMEN.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1972 <b>M State of legal domicile:</b> NY

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>"OUR MISSION IS TO BUILD WOMEN'S COLLECTIVE POWER TO REALIZE A NATION OF JUSTICE FOR ALL"</b> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>13</b> 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>13</b> 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) ..... <b>5</b> <b>51</b> 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>14</b> 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">8,277,651.</td> <td style="text-align: right;">4,608,704.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">1,555,289.</td> <td style="text-align: right;">3,845,714.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">-215,088.</td> <td style="text-align: right;">-188,340.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">9,617,852.</td> <td style="text-align: right;">8,266,078.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h) .....	8,277,651.	4,608,704.	9 Program service revenue (Part VIII, line 2g) .....	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,555,289.	3,845,714.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-215,088.	-188,340.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	9,617,852.	8,266,078.						
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h) .....	8,277,651.	4,608,704.																								
9 Program service revenue (Part VIII, line 2g) .....	0.	0.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,555,289.	3,845,714.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-215,088.	-188,340.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	9,617,852.	8,266,078.																								
<b>Expenses</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td style="text-align: right;">1,772,500.</td> <td style="text-align: right;">2,105,500.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td style="text-align: right;">3,736,042.</td> <td style="text-align: right;">3,114,596.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td style="text-align: right;">78,000.</td> <td style="text-align: right;">22,000.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,138,474.</b></td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td style="text-align: right;">3,010,196.</td> <td style="text-align: right;">2,979,781.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td style="text-align: right;">8,596,738.</td> <td style="text-align: right;">8,221,877.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12 .....</td> <td style="text-align: right;">1,021,114.</td> <td style="text-align: right;">44,201.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	1,772,500.	2,105,500.	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	3,736,042.	3,114,596.	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	78,000.	22,000.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,138,474.</b>			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	3,010,196.	2,979,781.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	8,596,738.	8,221,877.	19 Revenue less expenses. Subtract line 18 from line 12 .....	1,021,114.	44,201.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	1,772,500.	2,105,500.																								
14 Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	3,736,042.	3,114,596.																								
16a Professional fundraising fees (Part IX, column (A), line 11e) .....	78,000.	22,000.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,138,474.</b>																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	3,010,196.	2,979,781.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	8,596,738.	8,221,877.																								
19 Revenue less expenses. Subtract line 18 from line 12 .....	1,021,114.	44,201.																								
<b>Net Assets or Fund Balances</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16) .....</td> <td style="text-align: right;">41,696,073.</td> <td style="text-align: right;">43,272,978.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26) .....</td> <td style="text-align: right;">1,254,728.</td> <td style="text-align: right;">1,231,129.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td style="text-align: right;">40,441,345.</td> <td style="text-align: right;">42,041,849.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16) .....	41,696,073.	43,272,978.	21 Total liabilities (Part X, line 26) .....	1,254,728.	1,231,129.	22 Net assets or fund balances. Subtract line 21 from line 20 .....	40,441,345.	42,041,849.												
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16) .....	41,696,073.	43,272,978.																								
21 Total liabilities (Part X, line 26) .....	1,254,728.	1,231,129.																								
22 Net assets or fund balances. Subtract line 21 from line 20 .....	40,441,345.	42,041,849.																								

**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.

<b>Sign Here</b>	Signature of officer <b>ROSINA BARBA, VP. FINANCE AND ADMINISTRATION</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>10/27/14</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00543209</b>
	Firm's name ▶ <b>O'CONNOR DAVIES, LLP</b> Firm's address ▶ <b>500 MAMARONECK AVENUE</b> <b>HARRISON, NY 10528-1633</b>	Firm's EIN ▶ <b>27-1728945</b> Phone no. <b>914-381-8900</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO BUILD WOMEN'S COLLECTIVE POWER TO REALIZE A NATION OF JUSTICE FOR ALL. WE FOCUS ON: ECONOMIC JUSTICE, REPRODUCTIVE HEALTH, AND SAFETY. WE ARE THE FIRST AND LARGEST DOMESTICALLY-FOCUSED WOMEN'S FOUNDATION IN THE COUNTRY.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 3,789,979. including grants of \$ 2,105,500.) (Revenue \$ ) THE MS. FOUNDATION FOR WOMEN PROVIDES A VARIETY OF PROGRAMS AND SERVICES IN SUPPORT OF ISSUES AFFECTING WOMEN IN THE UNITED STATES. IN 2014, THE FOUNDATION PROVIDED GRANTS TO 77 ORGANIZATIONS WORKING ON KEY ISSUES OF REPRODUCTIVE HEALTH, CHILD SEXUAL ABUSE PREVENTION, AFFORDABLE CHILD CARE AND QUALITY CHILD CARE JOBS. IN ADDITION, THROUGH ITS CAPACITY BUILDING PROGRAMS, THE FOUNDATION PROVIDES ASSISTANCE IN STRATEGIC COMMUNICATIONS, ORGANIZATIONAL DEVELOPMENT AND FINANCIAL MANAGEMENT. IN 2014, IT SPONSORED NUMEROUS WEBINARS AS WELL AS GRANTEE CONVENINGS AND ROUNDTABLES. THE MS. FOUNDATION ALSO HOSTS DONOR ADVISED FUNDS INCLUDING THE OMA FUND, ASIAN WOMEN GIVING CIRCLE, E.P. FUND, AND THE SOPHIA AND GLORIA".

4b (Code: ) (Expenses \$ 936,846. including grants of \$ ) (Revenue \$ ) THE MS. FOUNDATION FOR WOMEN CONDUCTS PUBLIC EDUCATION IN AREAS CRITICAL TO WOMEN'S WELLBEING, SUCH AS HEALTH AND REPRODUCTIVE JUSTICE, ECONOMIC JUSTICE, AND ENDING VIOLENCE AGAINST WOMEN AND GIRLS. WE EDUCATE AND ENGAGE AUDIENCES THROUGH OUR WEBSITE, BLOGS, SOCIAL MEDIA PLATFORMS, ONLINE ACTION CAMPAIGNS, AND MEDIA PLACEMENTS THROUGH NEWS OUTLETS ACROSS THE COUNTRY. OUR PUBLIC EDUCATION EFFORTS HELP CHANGE THE PUBLIC DISCOURSE ON OUR CORE ISSUES BOTH BY ENGAGING INDIVIDUALS IN CONVERSATIONS ABOUT THE ISSUES AND BY CHANGING THE NARRATIVE IN MEDIA.

4c (Code: ) (Expenses \$ 565,503. including grants of \$ ) (Revenue \$ ) THE ADVOCACY AND POLICY PROGRAM ENHANCES THE ORGANIZATION'S REACH, THOUGHT LEADERSHIP AND STRATEGICALLY PROMOTE POLICIES AND PRACTICES TO IMPROVE THE CONDITIONS AND LIVES OF WOMEN. THIS YEAR, THE MS. FOUNDATION INITIATED ADVOCACY CAMPAIGNS THAT STRENGTHENED OUR VOICE AND THOSE OF OUR GRANTEES BY:

- 1) CREATING A MIXED IMMIGRANT FACT SHEET ON THE IMPACT AND IMPLEMENTATION OF THE AFFORDABLE CARE ACT THAT GRANTEES SHARED WITHIN THEIR COMMUNITIES.
2) INCREASING THE PROFILE OF A GRANTEE BY SPOTLIGHTING THE EFFORTS ON THE "ONE KEY QUESTION" CAMPAIGN TO THE PUBLIC HEALTH COMMUNITY.
3) PROMOTING OF DOCUMENTARY FILM MAKING AS AN ADVOCACY TOOL.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,292,328.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	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>		X
4	<b>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>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	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>	X	
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>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	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>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	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? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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.		
	1a		13
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		13
<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?		X
<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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<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		X

**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?		X
<b>b</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?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<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>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in 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?		X
<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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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, physical address, and telephone number of the person who possesses the books and records of the organization: **ROSINA BARBA - (212) 742-2300**  
**12 METROTECH CENTER, 26TH FLOOR, BROOKLYN, NY 11201**

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) ELIZABETH BREMNER DIRECTOR	1.00	X					0.	0.	0.	
(2) ASHLEY BLANCHARD DIRECTOR	1.00	X					0.	0.	0.	
(3) JEANNIE DIEFENDERFER VICE-CHAIR	1.00	X		X			0.	0.	0.	
(4) CATHY RAPHAEL CHAIR	1.00	X		X			0.	0.	0.	
(5) RENE A. REDWOOD DIRECTOR	1.00	X					0.	0.	0.	
(6) KATHLEEN STEPHANSEN CO-TREASURER-TERM ENDED 5/2014	1.00	X		X			0.	0.	0.	
(7) VERNA WILLIAMS SECRETARY	1.00	X		X			0.	0.	0.	
(8) EVE E. ELLIS CO-TREASURER	1.00	X		X			0.	0.	0.	
(9) LAUREN EMBREY DIRECTOR	1.00	X					0.	0.	0.	
(10) HEATHER ARNET DIRECTOR	1.00	X					0.	0.	0.	
(11) ALICIA LARA DIRECTOR	1.00	X					0.	0.	0.	
(12) SUSAN DICKLER DIRECTOR	1.00	X					0.	0.	0.	
(13) GARA LAMARCHE DIRECTOR	1.00	X					0.	0.	0.	
(14) MICHAEL CAMPBELL DIRECTOR	1.00	X					0.	0.	0.	
(15) ANIKA RAHMAN PRESIDENT/CEO-TERM ENDED 8/2013	40.00			X			286,791.	0.	7,173.	
(16) CANDICE CARNAGE VP FIN & ADMIN-TERM ENDED 5/2013	40.00			X			65,097.	0.	5,915.	
(17) DOROTHY Q. THOMAS INTERIM PRES/CEO-TERM ENDED 5/2014	40.00			X			74,757.	0.	166.	

**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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) TERESA YOUNGER PRESIDENT/CEO-EFFECTIVE 6/2014	40.00			X				0.	0.	0.
(19) ROSINA BARBA VP FIN/ADMIN - EFFECTIVE 9/2013	40.00			X				46,635.	0.	2,699.
(20) ALESIA SOLTANPANAH VP DEVELOPMENT	40.00					X		148,536.	0.	12,535.
(21) DEBORAH JACOBS VP ADVOC. & POLICY-TERM ENDED 1/2014	40.00					X		140,724.	0.	19,147.
<b>1b Sub-total</b>								762,540.	0.	47,635.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								762,540.	0.	47,635.

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 **3**

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

**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
JANE SILVERMAN & ASSOCIATES, 60 CONSTITUTION HILL WEST, PRINCETON, NJ	CONSULTING	174,351.
THE STANFORD GROUP 1571 HOLLY BOULEVARD, MANASQUAN, NJ 08736	FUNDRAISING	156,160.
CAMINO PUBLIC RELATIONS 134 W. 18TH STREET, NEW YORK, NY 10011	CCOMMUNICATIONS AND MEDIA SERVICES	103,750.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	1,091,597.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,517,107.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		342,194.				
	<b>h Total.</b> Add lines 1a-1f		4,608,704.				
	Program Service Revenue	<b>Business Code</b>					
<b>2 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		792,676.			792,676.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)			3,053,038.			3,053,038.
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,091,597. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	138,459.				
		<b>b</b> Less: direct expenses	<b>b</b>	328,410.			
<b>c</b> Net income or (loss) from fundraising events			-189,951.			-189,951.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	1,370.					
	<b>b</b> Less: direct expenses	<b>b</b>	2,695.				
	<b>c</b> Net income or (loss) from gaming activities		-1,325.			-1,325.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME		900099	2,936.			2,936.	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			2,936.				
<b>12 Total revenue.</b> See instructions.			8,266,078.	0.	0.	3,657,374.	

**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
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,105,500.	2,105,500.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	329,432.	249,291.	26,714.	53,427.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,178,908.	1,150,451.	509,353.	519,104.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,309.	19,842.	10,393.	7,074.
9 Other employee benefits	384,717.	190,306.	117,320.	77,091.
10 Payroll taxes	184,230.	99,199.	43,935.	41,096.
11 Fees for services (non-employees):				
a Management				
b Legal	201,167.		197,197.	3,970.
c Accounting	33,000.		33,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	22,000.			22,000.
f Investment management fees	218,992.		218,992.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	792,607.	607,255.	172,234.	13,118.
12 Advertising and promotion	30,422.	1,100.	6,822.	22,500.
13 Office expenses	330,827.	143,965.	58,948.	127,914.
14 Information technology	55,468.	38,879.	7,938.	8,651.
15 Royalties				
16 Occupancy	632,896.	320,283.	159,623.	152,990.
17 Travel	100,044.	36,851.	37,303.	25,890.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,793.	4,056.	16,008.	4,729.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	112,622.		112,622.	
23 Insurance	54,020.		54,020.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>BAD DEBT EXPENSE</b>	212,535.	206,000.		6,535.
b <b>CONVENINGS</b>	113,954.	113,954.		
c <b>OTHER DIRECT EXPENSE</b>	26,375.	325.	2,894.	23,156.
d <b>MAILHOUSE AND ACQUISITI</b>	24,834.			24,834.
e All other expenses	15,225.	5,071.	5,759.	4,395.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	8,221,877.	5,292,328.	1,791,075.	1,138,474.
26 <b>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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	27,532.	1	500.	
	<b>2</b> Savings and temporary cash investments .....	2,096,210.	2	2,390,909.	
	<b>3</b> Pledges and grants receivable, net .....	4,068,147.	3	2,746,216.	
	<b>4</b> Accounts receivable, net .....	2,624.	4	2,408.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	266,106.	9	70,523.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,929,328.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,398,826.	623,763.	<b>10c</b> 530,502.	
	<b>11</b> Investments - publicly traded securities .....	34,387,899.	11	37,302,053.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	223,792.	15	229,867.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	41,696,073.	16	43,272,978.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	587,832.	17	344,474.	
	<b>18</b> Grants payable .....	484,000.	18	685,000.	
	<b>19</b> Deferred revenue .....	182,896.	19	201,655.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....		25		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,254,728.	26	1,231,129.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,371,442.	27	2,711,382.	
	<b>28</b> Temporarily restricted net assets .....	12,362,285.	28	14,489,922.	
	<b>29</b> Permanently restricted net assets .....	24,707,618.	29	24,840,545.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	40,441,345.	33	42,041,849.		
<b>34</b> Total liabilities and net assets/fund balances .....	41,696,073.	34	43,272,978.		

**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	8,266,078.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,221,877.
3	Revenue less expenses. Subtract line 2 from line 1	3	44,201.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,441,345.
5	Net unrealized gains (losses) on investments	5	1,556,303.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42,041,849.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization **MS. FOUNDATION FOR WOMEN, INC.** Employer identification number **23-7252609**

**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 11, 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.)
  - 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 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.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,702,704.	8,424,381.	4,787,881.	8,292,736.	4,608,704.	31,816,406.
<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 .....	5,702,704.	8,424,381.	4,787,881.	8,292,736.	4,608,704.	31,816,406.
<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) .....						8,049,563.
<b>6 Public support.</b> Subtract line 5 from line 4.						23,766,843.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	5,702,704.	8,424,381.	4,787,881.	8,292,736.	4,608,704.	31,816,406.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	688,570.	1,056,685.	871,548.	791,051.	792,676.	4,200,530.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	1,331.	5,014.	38.	4,095.	2,936.	13,414.
<b>11 Total support.</b> Add lines 7 through 10						36,030,350.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	312,805.
<b>13 First five 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 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	65.96 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	63.29 %
<b>16a 33 1/3% support test - 2013.</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 - 2012.</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 - 2013.</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 IV 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 - 2012.</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 IV 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"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2009 AMOUNT: \$ 1,331.

2010 AMOUNT: \$ 5,014.

2011 AMOUNT: \$ 38.

2012 AMOUNT: \$ 4,095.

2013 AMOUNT: \$ 2,936.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

MS. FOUNDATION FOR WOMEN, INC.

Employer identification number

23-7252609

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>MS. FOUNDATION FOR WOMEN, INC.</b>	Employer identification number <b>23-7252609</b>
---	---

**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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>109,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>850,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MS. FOUNDATION FOR WOMEN, INC.</b>	Employer identification number <b>23-7252609</b>
---	---

**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
7	<hr/> <hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 121,543.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/> <hr/>	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MS. FOUNDATION FOR WOMEN, INC.</b>	Employer identification number <b>23-7252609</b>
---	---

**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
13	<hr/> <hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/> <hr/>	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/> <hr/>	\$ 113,578.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MS. FOUNDATION FOR WOMEN, INC.</b>	Employer identification number <b>23-7252609</b>
---	---

**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
15	DONATED STOCK _____ _____ _____	\$ 113,578.	03/01/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>MS. FOUNDATION FOR WOMEN, INC.</b>	Employer identification number <b>23-7252609</b>
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

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

Name of organization <b>MS. FOUNDATION FOR WOMEN, INC.</b>	Employer identification number <b>23-7252609</b>
---	---

**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.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**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.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

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

- 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>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	5,213.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	6,068.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	11,281.													
<b>d</b>	Other exempt purpose expenditures .....	7,099,107.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	7,110,388.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	505,519.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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) .....	126,380.													
<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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount	430,631.	539,325.	505,196.	505,519.	1,980,671.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,971,007.
<b>c</b> Total lobbying expenditures	106,811.	60,060.	43,500.	11,281.	221,652.
<b>d</b> Grassroots nontaxable amount	107,658.	134,831.	126,299.	126,380.	495,168.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					742,752.
<b>f</b> Grassroots lobbying expenditures	69,544.	42,319.	38,500.	5,213.	155,576.

Schedule C (Form 990 or 990-EZ) 2013



**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 to 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 (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

---



---



---



---



---

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization **MS. FOUNDATION FOR WOMEN, INC.** Employer identification number **23-7252609**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	8	
2 Aggregate contributions to (during year) .....	251,134.	
3 Aggregate grants from (during year) .....	333,000.	
4 Aggregate value at end of year .....	4,602,232.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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" to 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,741,000.	26,770,991.	27,791,499.	24,117,747.	21,425,318.
b Contributions	187,641.	761,882.	178,487.	551,617.	461,695.
c Net investment earnings, gains, and losses	4,880,712.	3,847,148.	46,615.	4,476,605.	3,137,027.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,797,004.	1,639,021.	1,245,610.	1,354,470.	906,293.
f Administrative expenses					
g End of year balance	33,012,349.	29,741,000.	26,770,991.	27,791,499.	24,117,747.

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

- a Board designated or quasi-endowment  3.30 %
- b Permanent endowment  75.24 %
- c Temporarily restricted endowment  21.46 %

The percentages in 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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,334,792.	837,488.	497,304.
d Equipment		594,536.	561,338.	33,198.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				530,502.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and other liabilities.

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 [X]

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	9,603,389.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,556,303.
<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>	1,556,303.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,047,086.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	218,992.
<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>	218,992.
<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>	8,266,078.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	8,002,884.
<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>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,002,884.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	218,992.
<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>	218,992.
<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>	8,221,876.

**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.

**PART V, LINE 4:**

**EXPLANATION: THE PURPOSE IS TO PROVIDE LONG-TERM SUPPORT FOR PROGRAMS.**

**THE INCOME FROM ENDOWMENT IS AVAILABLE FOR GENERAL OPERATIONS.**

**PART X, LINE 2:**

**EXPLANATION: MS. FOUNDATION RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY**

**WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT IS NOT**

**AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM**

**INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX. THE**

**MS. FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE**

**TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2011.**

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN OF VISION (event type)	SEATTLE EVENT (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	1,185,808.	44,248.		1,230,056.
	<b>2</b> Less: Contributions .....	1,053,049.	38,548.		1,091,597.
	<b>3</b> Gross income (line 1 minus line 2) .....	132,759.	5,700.		138,459.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	168,472.			168,472.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	145,247.	14,691.		159,938.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				328,410.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-189,951.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate 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: \_\_\_\_\_



- 11** Does the organization operate 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 operated in:
 

<b>13a</b>		%
<b>13b</b>		%
- 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 to be 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 complete this part to provide any additional information (see instructions).

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: WHITTER & ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: 65 SOUTH BROADWAY, TARRYTOWN, NY 10591

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**MS. FOUNDATION FOR WOMEN, INC.**

**Employer identification number  
23-7252609**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACT FOR WOMEN AND GIRLS 313 N. WEST VISALIA, CA 93291	26-0287450	501(C)3	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTICE - 71-07 WOODSIDE AVENUE, 1ST FL - WOODSIDE, NY 11377	20-3384725	501(C)3	35,000.	0.			TO SUPPORT THE PROJECT FOR QUALITY CHILD CARE FOR ECONOMIC SECURITY.
ARTEMIS MARCH 10 DANA ST, APT 4 CAMBRIDGE, CA 02138	72-1309151	501(C)3	20,000.	0.			DISCRETIONARY GRANT
CAAAV ORGANIZING ASIAN COMMUNITIES 55 HESTER STREET NEW YORK, NY 10002	13-3526938	501(C)3	9,500.	0.			DONOR ADVISED GRANT
CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK (PARENT VOICES) - 111 NEW MONTGOMERY STREET, 7TH FLOOR - SAN FRANCISCO, CA 94105	94-2718807	501(C)3	30,000.	0.			TO SUPPORT THE PROJECT ADVANCING THE PARENTAL VOICE TO WIN MORE CHILD CARE FUNDING
CALIFORNIA COALITION AGAINST SEXUAL ASSAULT - 1215 K STREET, STE. 1850 - SACRAMENTO, CA 95814	94-2800985	501(C)3	40,000.	0.			TO PROVIDE SUPPORT FOR THE #POWERINPREVENTION ENDING CHILD SEXUAL ABUSE WEB CONFERENCE SERIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **86.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE - 244 S. SAN PEDRO ST., STE. 405 - LOS ANGELES, CA 90012	26-2213868	501(C)3	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
CENTER FOR FRONTLINE RETAIL 140 WEST 31ST STREET, 2ND FLOOR NEW YORK, NY 10001	11-3344389	501(C)3	15,000.	0.			TO PROVIDE SUPPORT TO BUILD POWER TO BUILD CHILD CARE PROJECT.
CENTRO DE LOS DERECHOS DEL MIGRANTE, INC. - 519 N. CHARLES ST., SUITE 260 - BALTIMORE, MD 21201	20-2585279	501(C)3	25,000.	0.			TO SUPPORT THE BUILDING OPPORTUNITY AND EQUITY IN CHILD CARE JOBS THROUGH JUSTICE IN THE
CHILDSPACE DAY CARE CENTER, INC. 7500 GERMANTOWN AVENUE-SMITH HALL PHILADELPHIA, PA 19119	23-2529443	501(C)3	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHTS - 827 SHERMAN ST - DENVER, CO 80203	84-1569021	501(C)3	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHTS - 827 SHERMAN ST - DENVER, CO 80203	84-1569021	501(C)3	15,000.	0.			TO SUPPORT WORK ON ENSURING THAT REPRODUCTIVE AND SEXUAL HEALTH CARE SERVICES ARE
CONNECT INC. 127 WEST 127 ST., 4TH FL. RM. 431 NEW YORK, NY 10027	02-0694269	501(C)3	35,000.	0.			TO SUPPORT THE ENDING CHILD SEXUAL ABUSE PROJECT.
DONOR DIRECT ACTION 250 WEST 57TH STREET, SUITE 1720 NEW YORK, NY 10107	13-3660566	501(C)3	20,000.	0.			DISCRETIONARY GRANT
DONOR DIRECT ACTION 250 WEST 57TH STREET, SUITE 1720 NEW YORK, NY 10107	13-3660566	501(C)3	25,000.	0.			DISCRETIONARY GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
EL PUEBLO, INC. 2321 CRABTREE BLVD., SUITE 105 RALEIGH, NC 27604	56-1934310	501(C)3	30,000.	0.			TO SUPPORT THE DERECHOS SIN FRONTERAS PROGRAM.
FAMILY VALUES @ WORK: A MULTI-STATE CONSORTIUM - 207 E. BUFFALO ST., STE. 211 - MILWAUKEE, WI 53202	27-0321696	501(C)3	10,000.	0.			DISCRETIONARY GRANT
FEMINIST MAJORITY FOUNDATION 433 S. BEVERLY DRIVE BEVERLY HILLS, CA 90212	54-1426440	501(C)3	30,000.	0.			DISCRETIONARY GRANT
FUNDERS' COLLABORATIVE ON YOUTH ORGANIZING - PO BOX 7870 - OAKLAND, CA 94601	52-1332694	501(C)3	5,000.	0.			DONOR ADVISED GRANT
FUNDERS NETWORK ON POPULATION, REPRODUCTIVE HEALTH AND RIGHTS - PO BOX 750 - ROCKVILLE, MD 20848	52-2098292	501(C)3	2,500.	0.			TO SUPPORT THE WOMEN OF COLOR STATE STRATEGY MAPPING PROJECT.
GARMENT WORKER CENTER 1250 S. LOS ANGELES STREET #213 LOS ANGELES, CA 90013	81-0622327	501(C)3	25,000.	0.			TO SUPPORT PROMOTING EQUITABLE ACCESS TO CHILD CARE FOR LOW-WAGE IMMIGRANT WORKERS
IBIS REPRODUCTIVE HEALTH 17 DUNSTER STREET, SUITE 201 CAMBRIDGE, MA 02138	03-0382773	501(C)3	10,000.	0.			DONOR ADVISED GRANT
IMMIGRANT DEFENSE PROJECT 28 WEST 39TH ST. #501 NEW YORK, NY 10018	13-2612524	501(C)3	11,000.	0.			DONOR ADVISED GRANT
KALMANOVITZ INITIATIVE FOR LABOR AND THE WORKING POOR - 3700 O STREET NW - WASHINGTON, DC 20816	53-0196603	501(C)3	25,000.	0.			TO PROVIDE SUPPORT FOR THE "AND STILL I RISE" PROJECT.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY HEALTH JUSTICE NETWORK P.O. BOX 4761 LOUISVILLE, KY 40204	27-1246514	501(C)3	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
KINGSBRIDGE HEIGHTS COMMUNITY CENTER - 3101 KINGSBRIDGE TERRACE - BRONX, NY 10463	13-2813809	501(C)3	40,000.	0.			TO SUPPORT LOOKING AT CHILD SEXUAL ABUSE FROM A MULTI-SYSTEMS PERSPECTIVE PROJECT.
KINGSBRIDGE HEIGHTS COMMUNITY CENTER - 3101 KINGSBRIDGE TERRACE - BRONX, NY 10463	13-2813809	501(C)3	2,000.	0.			TO SUPPORT KHCC'S PLANNING, PARTICIPATION, AND EXECUTION OF A WORKSHOP FOCUSED ON
KUNDIMAN, INC. PO BOX 4248 SUNNYSIDE, NY 11104	06-1650662	501(C)3	7,500.	0.			DONOR ADVISED GRANT
MANSEE KONG 724 LEONARD ST., #4B BROOKLYN, NY 11222	13-2624257	501(C)3	11,000.	0.			DONOR ADVISED GRANT
MASSACHUSETTS CITIZENS FOR CHILDREN - 14 BEACON STREET, SUITE 706 - BOSTON, MA 02108	04-2276809	501(C)3	50,000.	0.			TO SUPPORT ENOUGH ABUSE CAMPAIGN: BUILDING THE MOVEMENT THROUGH ORGANIZING AND ADVOCACY
MEDIA VOICES FOR CHILDREN 110 DAGGETT AVE VINEYARD HAVEN, MA 02568	26-2908915	501(C)3	3,000.	0.			DONOR ADVISED GRANT
MINNESOTA COALITION AGAINST SEXUAL ASSAULT - 161 ST. ANTHONY AVENUE, SUITE 1001 - ST. PAUL, MN 55103	41-1459621	501(C)3	45,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
MISSISSIPPI LOW INCOME CHILDCARE INITIATIVE - 684 WALKER STREET - BILOXI, MS 39530	64-0943404	501(C)3	25,000.	0.			TO SUPPORT EMPOWERING MISSISSIPPI'S LOW-INCOME WOMEN: CHILD CARE MAKES THE DIFFERENCE PROJECT.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET, BOX 23 SAN FRANCISCO, CA 94110	20-2986926	501(C)3	35,000.	0.			TO SUPPORT EXPANDING AND ENFORCING WORKER RIGHTS FOR CALIFORNIA CHILD CARE EDUCATORS.
NATIONAL ADVOCATES FOR PREGNANT WOMEN - 15 WEST 36TH STREET, SUITE 901 - NEW YORK, NY 10018	52-2282183	501(C)3	10,000.	0.			DONOR ADVISED GRANT
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM - 155 WATER STREET - BROOKLYN, NY 11201	51-0198509	501(C)3	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
NATIONAL COUNCIL ON CRIME AND DELINQUENCY - 1970 BROADWAY, STE. 500 - OAKLAND, CA 94612	13-1624111	501(C)3	50,000.	0.			TO SUPPORT EXPLORING RESTORATIVE JUSTICE'S CONTINUING ROLE IN ENDING CHILD SEXUAL ABUSE.
NATIONAL COUNCIL ON CRIME AND DELINQUENCY - 1970 BROADWAY, STE. 500 - OAKLAND, CA 94612	13-1624111	501(C)3	50,000.	0.			TO SUPPORT EXPLORING RESTORATIVE JUSTICE'S CONTINUING ROLE IN ENDING CHILD SEXUAL ABUSE.
NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH - 50 BROAD STREET, SUITE 1937 - NEW YORK, NY 10004	52-1891734	501(C)3	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
NATIONAL NETWORK OF ABORTION FUNDS 11 ARLINGTON STREET, 5TH FLOOR BOSTON, MA 02116	04-3236982	501(C)3	20,000.	0.			DONOR ADVISED GRANT
NATIVE AMERICAN COMMUNITY BOARD 809 HIGH ST. LAKE ANDES, SD 57356	46-0392867	501(C)3	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
NORTHWEST HEALTH LAW ADVOCATES 4759 15TH AVE. NE, SUITE 305 SEATTLE, WA 98105	91-1961032	501(C)3	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
NURSING STUDENTS FOR CHOICE 2300 MYRTLE AVE, SUITE 120 ST. PAUL, MN 55114	27-0560247	501(C)3	20,000.	0.			DONOR ADVISED GRANT
OREGON ABUSE ADVOCATES AND SURVIVORS IN SERVICE - 1650 NW NAITO PARKWAY SUITE 302 - PORTLAND, OR 97209	27-1493650	501(C)3	65,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
OREGON ABUSE ADVOCATES AND SURVIVORS IN SERVICE - 1650 NW NAITO PARKWAY SUITE 302 - PORTLAND, OR 97209	27-1493650	501(C)3	65,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
OREGON FOUNDATION FOR REPRODUCTIVE HEALTH - 310 SW 4TH AV SUITE 840 - PORTLAND, OR 97204	93-0803636	501(C)3	30,000.	0.			TO SUPPORT INTEGRATING REPRODUCTIVE HEALTH INTO PRIMARY CARE.
PARSONS THE NEW SCHOOL FOR DESIGN 66 WEST 12TH STREET NEW YORK, NY 10011	13-3297197	501(C)3	25,000.	0.			FELLOWSHIP PROGRAM TO STRENGTHEN GRANTEE'S COMMUNICATIONS AND ADVOCACY EFFORTS AND
PARSONS THE NEW SCHOOL FOR DESIGN 66 WEST 12TH STREET NEW YORK, NY 10011	13-3297197	501(C)3	10,000.	0.			FELLOWSHIP PROGRAM TO STRENGTHEN GRANTEE'S COMMUNICATIONS AND ADVOCACY EFFORTS AND
PEACE OVER VIOLENCE 1015 WILSHIRE BOULEVARD, SUITE 200 LOS ANGELES, CA 90017	51-0179305	501(C)3	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
PING CHONG & COMPANY (LEGAL NAME, FIJI THEATER COMPANY, INC) - 47 GREAT JONES ST - NEW YORK, NY 10012	13-2874863	501(C)3	11,000.	0.			DONOR ADVISED GRANT
PLANNED PARENTHOOD OF SOUTHEAST 75 PIEDMONT AVE NE, SUITE 800 ATLANTA, GA 30303	58-6045874	501(C)3	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD PUBLIC POLICY NETWORK OF WASHINGTON - 2001 E. MADISON STREET - SEATTLE, WA 98122	20-1987331	501(C)3	10,000.	0.			TO SUPPORT THE GET READY! GET COVERED! PROJECT.
PREVENT CHILD ABUSE AMERICA 228 S. WABASH AVE 10TH FLOOR CHICAGO, IL 60604	23-7235671	501(C)3	25,000.	0.			TO PROVIDE SUPPORT TO PROMOTE STATE LEVEL ADVOCACY FOR CHILD SEXUAL ABUSE PREVENTION.
PREVENT CHILD ABUSE NEW JERSEY 103 CHURCH ST. SUITE 210 NEW BRUNSWICK, NJ 08901	22-2314861	501(C)3	25,000.	0.			TO PROVIDE SUPPORT TO BUILD THE MOVEMENT TO END CHILD SEXUAL ABUSE IN NJ.
PREVENT CHILD ABUSE NORTH CAROLINA 3716 NATIONAL DRIVE, SUITE 118 RALEIGH, NC 27612	58-1366718	501(C)3	75,000.	0.			TO PROVIDE SUPPORT FOR NC COALITION FOR THE PREVENTION OF CHILD SEXUAL ABUSE.
PREVENT CHILD ABUSE NORTH CAROLINA 3716 NATIONAL DRIVE, SUITE 118 RALEIGH, NC 27612	58-1366718	501(C)3	75,000.	0.			TO PROVIDE SUPPORT FOR NC COALITION FOR THE PREVENTION OF CHILD SEXUAL ABUSE.
PRO-CHOICE RESOURCES 250 THIRD AVENUE NORTH, SUITE 625 MINNEAPOLIS, MN 55401	41-0971333	501(C)3	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
PROVIDE, INC. (FORMERLY ABORTION ACCESS PROJECT) - 47 THORNDIKE ST - CAMBRIDGE, MA 02141	04-3298538	501(C)3	25,000.	0.			DONOR ADVISED GRANT
PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	501(C)3	40,000.	0.			TO SUPPORT CHILD SEXUAL ABUSE PREVENTION IN MIGRANT FARM WORKER COMMUNITIES.
RAISING WOMEN'S VOICES-NY, C/O THE MERGERWATCH PROJECT OF COMMUNITY CATALYS - 475 RIVERSIDE DRIVE, SUITE 1600 - NEW YORK, NY 10115	04-3355127	501(C)3	35,000.	0.			TO SUPPORT ADVOCATING FOR A "WOMEN AND REPRODUCTIVE HEALTH-FRIENDLY" NYS EXCHANGE.

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
RATTAPALLAX, INC. 217 THOMPSON STREET, SUITE 353 NEW YORK, NY 10012	13-4035109	501(C)3	9,000.	0.			DONOR ADVISED GRANT
REPRODUCTIVE JUSTICE COLLECTIVE 161 W. WISCONSIN AVENUE, SUITE 1000 MILWAUKEE, WI 53203	39-0806258	501(C)3	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
RESTAURANT OPPORTUNITIES CENTERS UNITED - 350 SEVENTH AVE, SUITE 1504 - NEW YORK, NY 10001	01-0939141	501(C)3	10,000.	0.			TO PROVIDE SUPPORT FOR BUILDING CHILDCARE SOLUTIONS FOR WOMEN IN LOW-WAGE SERVICE SECTORS
SERVICE WOMEN'S ACTION NETWORK P.O. BOX 1758 NEW YORK, NY 10156	94-3125696	501(C)3	20,000.	0.			DISCRETIONARY GRANT
SMITH COLLEGE SMITH COLLEGE NORTHAMPTON, MA 01063	04-1843040	501(C)3	10,000.	0.			DISCRETIONARY GRANT
SOUTH AFRICA PARTNERS 89 SOUTH STREET, SUITE 701 BOSTON, MA 02111	04-3396641	501(C)3	3,000.	0.			DONOR ADVISED GRANT
SPARK REPRODUCTIVE JUSTICE NOW PO BOX: 89210 ATLANTA, GA 30310	58-1872316	501(C)3	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
TEWA WOMEN UNITED 912 FAIRVIEW LN ESPANOLA, NM 87532	85-0480836	501(C)3	30,000.	0.			TO PROVIDE SUPPORT TO STRENGTHEN THEIR CAPACITY FOR COLLABORATION IN CHILD SEXUAL ABUSE
THE ACADEMY FOR TEACHERS 10 WEST 90TH STREET, NO. 9 NEW YORK, NY 10024	45-4681404	501(C)3	5,000.	0.			DISCRETIONARY GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
THE CALHOUN SCHOOL 433 WEST END AVE NEW YORK, NY 10024	13-1623919	501(C)3	11,000.	0.			DONOR ADVISED GRANT
THE FAMILY TREE 2108 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1110645	501(C)3	25,000.	0.			TO SUPPORT INTENTIONAL LEADERSHIP AND BROAD ALLIANCES THROUGHOUT THE MARYLAND PARTNERSHIP ON
THE OL EDUCATION FUND 411 BELLAMAH NW ALBUQUERQUE, NM 87102	27-1275857	501(C)3	25,000.	0.			TO SUPPORT CAMPAIGN TO TRANSFORM THE NEW MEXICO CHILD CARE ECONOMY.
THE WOMEN'S FUND OF GREATER BIRMINGHAM - 2201 5TH AVENUE SOUTH - BIRMINGHAM, AL 35222	45-0952468	501(C)3	20,000.	0.			TO SUPPORT CHANGING ATTITUDES: INCREASING WORKPLACE SUPPORT FOR LOW-WAGE SINGLE MOTHERS.
THE YARD, INC. 1 THE YARD PO BOX 405 CHILMARK, MA 02535	23-7348937	501(C)3	500.	0.			DONOR ADVISED GRANT
TRUSTEES OF HAMPSHIRE COLLEGE C/O HAMPSHIRE COLLEGE, 853 WEST STR AMHERST, MA 01002	04-6130872	501(C)3	5,000.	0.			DONOR ADVISED GRANT
URGE (UNITED FOR REPRODUCTIVE AND GENDER EQUITY) - 1301 F ST, NW, SUITE 501 - WASHINGTON, DC 20004	52-1772575	501(C)3	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
URGE (UNITED FOR REPRODUCTIVE AND GENDER EQUITY) - 1301 F ST, NW, SUITE 501 - WASHINGTON, DC 20004	52-1772575	501(C)3	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
VERA INSTITUTE OF JUSTICE 233 BROADWAY, 12TH FLOOR NEW YORK, NY 10279	13-1941627	501(C)3	90,000.	0.			TO SUPPORT THE CENTER FOR VICTIMIZATION AND SAFETY'S EFFORTS TO END SEXUAL ABUSE OF CHILDREN

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
VERMONT WORKERS' CENTER 294 NORTH WINOOSKI AVENUE BURLINGTON, VT 05401	20-0163176	501(C)3	10,000.	0.			TO SUPPORT THE PUT PEOPLE FIRST: WORK WITH DIGNITY PROJECT.
VERMONT WORKERS' CENTER 294 NORTH WINOOSKI AVENUE BURLINGTON, VT 05401	20-0163176	501(C)3	1,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
WEST VIRGINIA FREE 1114 QUARRIER ST. CHARLESTON, WV 23301	55-0715930	501(C)3	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
WEST VIRGINIA FREE 1114 QUARRIER ST. CHARLESTON, WV 23301	55-0715930	501(C)3	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
WEST VIRGINIA FREE 1114 QUARRIER ST. CHARLESTON, WV 23301	55-0715930	501(C)3	12,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
WOMEN'S MEDIA CENTER 151 W. 25TH STREET NEW YORK, NY 10001	38-3727585	501(C)3	20,000.	0.			DISCRETIONARY GRANT
WRITERS IN BALTIMORE SCHOOLS 3103 N. CHARLES STREET BALTIMORE, DC 21218	52-2148413	501(C)3	1,000.	0.			DONOR ADVISED GRANT
YOUNG WOMEN UNITED 309 GOLD AVE. SW ALBUQUERQUE, NM 87102	85-0481224	501(C)3	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

**PART I, LINE 2:**

EXPLANATION: THE MS. FOUNDATION REQUESTS, AND KEEPS ON FILE, WRITTEN REPORTS FROM ALL GRANTEES THAT RECEIVE \$5,000 OR MORE IN FUNDING. THE REPORTS INCLUDE A DESCRIPTION OF PROGRAMMATIC ACTIVITIES AND ACCOMPLISHMENTS, AS WELL AS A REPORT ON THE EXPENDITURE OF GRANT FUNDS. WE ALSO USE OUTSIDE EVALUATORS TO COLLECT DATA ON THE WORK AND IMPACT OF MOST OF OUR GRANTEES, AND MAKE PERIODIC PHONE CALLS AND SITE VISITS TO A PORTION OF OUR GRANTEES EACH YEAR.

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRO DE LOS DERECHOS DEL MIGRANTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BUILDING OPPORTUNITY AND EQUITY IN CHILD CARE JOBS THROUGH JUSTICE IN THE RECRUITMENT PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT:

COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WORK ON ENSURING THAT REPRODUCTIVE AND SEXUAL HEALTH CARE SERVICES ARE NOT EXCLUDED FROM ANY COMPONENT OF HEALTH CARE REFORM IMPLEMENTATION.

NAME OF ORGANIZATION OR GOVERNMENT: KINGSBRIDGE HEIGHTS COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT KHCC'S PLANNING, PARTICIPATION, AND EXECUTION OF A WORKSHOP FOCUSED ON ENDING CHILD SEXUAL ABUSE AT THE 2013 NATIONAL SEXUAL ASSAULT CONFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS CITIZENS FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ENOUGH ABUSE CAMPAIGN: BUILDING THE MOVEMENT THROUGH ORGANIZING AND ADVOCACY PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: PARSONS THE NEW SCHOOL FOR DESIGN

(H) PURPOSE OF GRANT OR ASSISTANCE: FELLOWSHIP PROGRAM TO STRENGTHEN GRANTEES' COMMUNICATIONS AND ADVOCACY EFFORTS AND BRING INNOVATIVE SOLUTIONS TO THE BROADER REPRODUCTIVE JUSTICE MOVEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: PARSONS THE NEW SCHOOL FOR DESIGN

(H) PURPOSE OF GRANT OR ASSISTANCE: FELLOWSHIP PROGRAM TO STRENGTHEN

**Part IV** Supplemental Information

GRANTEES' COMMUNICATIONS AND ADVOCACY EFFORTS AND BRING INNOVATIVE SOLUTIONS TO THE BROADER REPRODUCTIVE JUSTICE MOVEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: TEWA WOMEN UNITED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO STRENGTHEN THEIR CAPACITY FOR COLLABORATION IN CHILD SEXUAL ABUSE PREVENTION

NAME OF ORGANIZATION OR GOVERNMENT: THE FAMILY TREE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INTENTIONAL LEADERSHIP AND BROAD ALLIANCES THROUGHOUT THE MARYLAND PARTNERSHIP ON PREVENTION OF CHILD SEXUAL ABUSE.

NAME OF ORGANIZATION OR GOVERNMENT: VERA INSTITUTE OF JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CENTER FOR VICTIMIZATION AND SAFETY'S EFFORTS TO END SEXUAL ABUSE OF CHILDREN WITH DISABILITIES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**MS. FOUNDATION FOR WOMEN, INC.**

Employer identification number  
**23-7252609**

**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 in 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 indemnification 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, and officers, including the CEO/Executive Director, regarding the items checked in 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 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 in 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>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in 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>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in 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>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in 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>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2013

**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANIKA RAHMAN PRESIDENT/CEO-TERM ENDED 8/2013	(i)	172,710.	0.	114,081.	5,168.	2,005.	293,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALESIA SOLTANPANAH VP DEVELOPMENT	(i)	148,536.	0.	0.	0.	12,535.	161,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBORAH JACOBS VP ADVOC. & POLICY-TERM ENDED 1/2014	(i)	132,227.	0.	8,497.	1,841.	17,306.	159,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **MS. FOUNDATION FOR WOMEN, INC.** Employer identification number **23-7252609**

**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	10	339,499.	PROCEEDS OF STOCK SA
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 ▶ ( AUCTION ITEMS )	X	4	2,695.	FMV
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization 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.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

MS. FOUNDATION FOR WOMEN, INC.

Employer identification number

23-7252609

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE MS. FOUNDATION FOR WOMEN RETAINS AN EXTERNAL ACCOUNTING FIRM TO PREPARE AND FILE ITS FORM 990. PRIOR TO FILING, AN INITIAL REVIEW OF THE FORM 990 IS CONDUCTED BY MANAGEMENT AND THE AUDIT COMMITTEE. AN ELECTRONIC COPY OF THE FORM 990 IS THEN SENT TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW. ANY COMMENTS OR QUESTIONS ARE ADDRESSED BY MANAGEMENT AND THE AUDIT COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND KEY STAFF MEMBERS. IF A CONFLICT OF INTEREST EXISTS, IT IS ADDRESSED AT THE BOARD MEETING. IF THERE IS A POTENTIAL CONFLICT AT THE BOARD LEVEL, THE MEMBER WILL RECUSE HIM OR HERSELF FROM DELIBERATIONS AND VOTING ON THAT ISSUE. THE MINUTES OF ANY MEETING AT WHICH A CONFLICT OF INTEREST TRANSACTION IS CONSIDERED MUST REFLECT ALL DETAILS OF THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR REVIEWING THE CEO'S PERFORMANCE AND SALARY ON AN ANNUAL BASIS. AS PART OF THE COMPENSATION REVIEW, THE COMMITTEE REVIEWED EXTERNAL DATA ON COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS. THE COMMITTEE LAST REVIEWED THE PRESIDENT'S COMPENSATION ON MAY 1, 2014.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization MS. FOUNDATION FOR WOMEN, INC.	Employer identification number 23-7252609
--	--

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

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE MS. FOUNDATION FOR WOMEN, INC. MAKES ITS FORM 990 AND FORM 1023 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, GUIDESTAR.ORG, AND OTHER CHARITY EVALUATOR WEBSITES. IN ADDITION TO THE FORM 990, THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON A WRITTEN REQUEST AT 12 METROTECH CENTER, 26TH FLOOR, BROOKLYN, NY 11201 OR BY CALLING THE ORGANIZATION DIRECTLY AT (212)742-2300.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271

## 2013

**Open to Public  
Inspection**

### 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>07/01/2013</b> and Ending (mm/dd/yyyy) <b>06/30/2014</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>MS. FOUNDATION FOR WOMEN, INC.</b>	Employer Identification Number (EIN): <b>23-7252609</b>
	Mailing Address: <b>12 METROTECH CENTER 26 FL</b>	NY Registration Number: <b>04-63-16</b>
	City / State / ZIP: <b>BROOKLYN, NY 11201</b>	Telephone: <b>212 742-2300</b>
	Website: <b>WWW.FORWOMEN.ORG</b>	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT         Find your registration category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a>		

### 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	<b>TERESA YOUNGER</b>	<b>PRESIDENT</b>	
	Signature	Title	Date
Chief Financial Officer or Treasurer:	<b>ROSINA BARBA</b>	<b>VP, FIN/ADMIN.</b>	
	Signature	Title	Date

### 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

### 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

### 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single-check or money order payable to: <b>"Department of Law"</b>
---	---------------------------------	------------------------------------	------------------------------	--

# CHAR500

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you marked the 7A exemption in Part 3a
- \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you marked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

#### Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com)

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 120 Broadway  
 New York, NY 10271

# CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers  
www.CharitiesNYS.com

## 2013

**Open to Public  
Inspection**

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization: <b>MS. FOUNDATION FOR WOMEN, INC.</b>	NY Registration Number: <b>04-63-16</b>
--	--

### 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type: <input checked="" type="checkbox"/> Professional Fund Raiser <input type="checkbox"/> Fund Raising Counsel <input type="checkbox"/> Commercial Co-Venturer	Name of FRP: <b>WHITTER &amp; ASSOCIATES, INC.</b>	NY Registration Number: <b>32-56-95</b>
	Mailing Address: <b>65 SOUTH BROADWAY</b>	Telephone: <b>914-674-0230</b>
	City / State / ZIP: <b>TARRYTOWN, NY 10591</b>	

### 3. Contract Information

Contract Start Date: <b>02/01/2014</b>	Contract End Date: <b>06/30/2014</b>
---	---

### 4. Description of Services

Services provided by FRP: <b>SEE STATEMENT 1</b>
---

### 5. Description of Compensation

Compensation arrangement with FRP: <b>SEE STATEMENT 2</b>	Amount Paid to FRP: <b>22,000.</b>
--	---------------------------------------

### 6. Commercial Co-Venturer (CCV) Report

<input type="checkbox"/> Yes <input type="checkbox"/> No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?
---

### Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).  
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).  
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).



WHITTIER & ASSOCIATES WILL PROVIDE COUNSEL, MANAGE, PRODUCE AND SUPERVISE A DIRECT RESPONSE CAMPAIGN ON THE MS. FOUNDATION FOR WOMEN'S BEHALF. THEY WILL PROVIDE FUNDRAISING OVERSIGHT, STRATEGY, LIST SELECTION, PLANNING AND ADVICE. THEY WILL CREATE ORIGINAL HOUSE APPEALS, ACQUISITION PACKAGES, E-APPEALS, AND E-NEWSLETTERS, WITH DESIGN AND DEPLOYMENT SUPPORT. IN ADDITION, THEY WILL DRAFT SPECIAL ACKNOWLEDGEMENT LETTERS AND REWRITES OF EXISTING APPEALS.

---

SCH 4A (PFR)

STATEMENT 2

---

WHITTIER & ASSOCIATES' FEE FOR ITS SERVICES IS \$3,000 PER MONTH, FROM FEBRUARY 2014 THROUGH JUNE 2014. CREATIVE COPYWRITING FEES ARE \$2,000 FOR HOUSE APPEALS AND \$3,500 FEE ACQUISITION PACKAGES.