

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2020

PREPARED FOR:

MS. FOUNDATION FOR WOMEN, INC.
12 METROTECH CENTER NO. 26 FL
BROOKLYN, NY 11201

PREPARED BY:

PKF O'CONNOR DAVIES, LLP
500 MAMARONECK AVENUE
HARRISON, NY 10528-1633

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MS. FOUNDATION FOR WOMEN, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 12 METROTECH CENTER 26 FL City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11201 F Name and address of principal officer: TERESA YOUNGER SAME AS C ABOVE	D Employer identification number 23-7252609 E Telephone number (212) 742-2300 G Gross receipts \$ 14,238,212. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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		
J Website: ▶ WWW.FORWOMEN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1972
		M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: "TO BUILD WOMEN'S COLLECTIVE POWER IN THE U.S. TO ADVANCE EQUITY AND JUSTICE FOR ALL."			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	16	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	24	
	6	Total number of volunteers (estimate if necessary)	6	19	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	10,599,959.	2,959,613.
9		Program service revenue (Part VIII, line 2g)	0.	0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,031,427.	1,140,835.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-172,685.	55,311.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,458,701.	4,155,759.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,749,000.	3,022,500.
		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)	2,559,451.	2,684,750.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,192,268.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,893,642.	3,114,514.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,202,093.	8,821,764.	
	19	Revenue less expenses. Subtract line 18 from line 12	6,256,608.	-4,666,005.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	49,919,377.	48,461,151.	
	21	Total liabilities (Part X, line 26)	2,974,604.	3,050,765.	
	22	Net assets or fund balances. Subtract line 21 from line 20	46,944,773.	45,410,386.	

Part II Signature Block

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

Sign Here	Signature of officer ROSINA BARBA, COO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS
	Date	Check if self-employed <input type="checkbox"/> PTIN 03/26/21 P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633	Phone no. 914-381-8900

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 [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,144,300. including grants of \$ 3,022,500.) (Revenue \$) GRANTMAKING AND CAPACITY BUILDING: IN 2020, THE FOUNDATION PROVIDED GRANTS TO ORGANIZATIONS WORKING ON KEY ISSUES OF REPRODUCTIVE HEALTH, INCREASING SAFETY AND REDUCING GENDER-BASED VIOLENCE, AND PROMOTING WOMEN'S ECONOMIC SECURITY AND OPPORTUNITY. IN ADDITION, GRANTMAKING SUPPORTED GIRLS OF COLOR ADVOCACY AND LEADERSHIP, AND ADVOCACY AND ORGANIZING IN SUPPORT OF TRANSGENDER PEOPLE. IN ADDITION, THROUGH ITS CAPACITY BUILDING PROGRAMS, THE FOUNDATION PROVIDED ASSISTANCE IN FINANCIAL MANAGEMENT, ORGANIZATIONAL DEVELOPMENT AND LEADERSHIP DEVELOPMENT. MS. LAUNCHED AN ACTIVIST COLLABORATION FUND TO PROVIDE STRATEGIC RESPONSE GRANTS TO ORGANIZATIONS SEEKING TO STRENGTHEN THEIR STRATEGIC COLLABORATION, COORDINATION AND NETWORKING. THE FOUNDATION ALSO HOSTS DONOR ADVISED FUNDS INCLUDING THE OMA FUND, ASIAN WOMEN

4b (Code:) (Expenses \$ 808,739. including grants of \$) (Revenue \$) PUBLIC EDUCATION: THE FOUNDATION STRIVES TO LIFT THE VOICES OF ALL WOMEN AND CONDUCTS PUBLIC EDUCATION IN THE AREAS CRITICAL TO WOMEN'S WELLBEING, SUCH AS HEALTH ACCESS, REPRODUCTIVE JUSTICE, ECONOMIC JUSTICE, AND INCREASING THE SAFETY OF WOMEN AND GIRLS. WE EDUCATE AND ENGAGE AUDIENCES THROUGH OUR WEBSITE, BLOGS, SOCIAL MEDIA PLATFORMS, ONLINE ENGAGEMENTS, AND MEDIA PLACEMENTS THROUGH NEWS OUTLETS ACROSS THE COUNTRY. WE ALSO STRIVE TO CREATE STRATEGIC MEDIA AND ADVOCACY PARTNERSHIPS THAT AMPLIFY THE VOICES OF WOMEN, PARTICULARLY WOMEN OF COLOR. OUR PUBLIC EDUCATIONAL THEME FOR THE YEAR WAS "ROAR FOR WOMEN". IN THE VERY TURBULENT YEAR WE CALLED OUT AND LIFTED UP THE EFFORTS OF WOMEN AND GIRLS OF COLOR THROUGHOUT THE YEAR. WHILE WE WERE UNABLE TO COME TOGETHER PHYSICALLY WE USED SOCIAL MEDIA AND TRADITIONAL MEDIA TO

4c (Code:) (Expenses \$ 62,540. including grants of \$) (Revenue \$) ADVOCACY AND POLICY: THE ADVOCACY AND POLICY PROGRAM ENHANCES THE ORGANIZATION'S REACH, THOUGHT LEADERSHIP AND STRATEGICALLY PROMOTES SOCIAL, CULTURE, AND LEGISLATIVE POLICIES AND PRACTICES TO IMPROVE THE LIVES OF WOMEN AND THEIR COMMUNITIES. WE USE THIS PLATFORM TO NOT ONLY PROMOTE CHANGE BUT ALSO TO CREATE SPACE FOR WOMEN TO FIND SYNERGY AND LEVERAGE THEIR IMPACT THROUGH PARTNERSHIP AND COLLABORATION. THIS YEAR, THE FOUNDATION COMMISSIONED A REPORT, POCKET CHANGE: HOW WOMEN AND GIRLS OF COLOR DO MORE WITH LESS, HIGHLIGHTING THE WORK AND ACCOMPLISHMENTS OF ORGANIZATIONS LED BY AND FOR WOMEN AND GIRLS OF COLOR, AND PRESENTING ACTION STEPS FOR INCREASING SUPPORT FOR THESE ORGANIZATIONS.

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

4e Total program service expenses 6,015,579.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 donor-restricted endowments or in 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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
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).		
16a	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	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) TERESA YOUNGER PRESIDENT/CEO	40.00			X			241,305.	0.	30,902.	
(2) ROSINA BARBA COO	40.00			X			200,675.	0.	18,814.	
(3) ROSALYN LEE VP, STRATEGY & PROGRAMS	40.00				X		183,188.	0.	36,089.	
(4) ELLEN LIU DIR. CAPACITY BLD & LEARNING	40.00					X	131,081.	0.	22,528.	
(5) STEPHANIE BLACKWOOD DIRECTOR, MAJOR GIFTS	40.00					X	115,725.	0.	15,905.	
(6) TAMARA VASAN DIR., INSTITUTIONAL PARTNERSHIPS	40.00					X	112,975.	0.	15,689.	
(7) ANDREA BRADFORD DIRECTOR, HR	40.00					X	103,793.	0.	9,643.	
(8) JOCELYN FRYE CHAIR	1.00	X		X			0.	0.	0.	
(9) ALICIA LARA VICE CHAIR	1.00	X		X			0.	0.	0.	
(10) GAIL WASSERMAN SECRETARY	1.00	X		X			0.	0.	0.	
(11) JENNA BUSSMAN-WISE TREASURER	1.00	X		X			0.	0.	0.	
(12) SUSAN DICKLER DIRECTOR	1.00	X					0.	0.	0.	
(13) TOM WATSON DIRECTOR	1.00	X					0.	0.	0.	
(14) CATHY HARNETT DIRECTOR	1.00	X					0.	0.	0.	
(15) SUZANNE LERNER DIRECTOR	1.00	X					0.	0.	0.	
(16) CATHERINE YELVERTON DIRECTOR	1.00	X					0.	0.	0.	
(17) RINKU SEN DIRECTOR	1.00	X					0.	0.	0.	

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) YING LING LEUNG DIRECTOR	1.00	X						0.	0.	0.
(19) JENNA SCANLAN DIRECTOR	1.00	X						0.	0.	0.
(20) WADE DAVIS DIRECTOR	1.00	X						0.	0.	0.
(21) LAUREN EMBREY DIRECTOR	1.00	X						0.	0.	0.
(22) ANGELA GLOVER BLACKWELL DIRECTOR	1.00	X						0.	0.	0.
(23) DANIELLE MOODIE DIRECTOR	1.00	X						0.	0.	0.
(24) SETH ROSEN DIRECTOR THRU OCTOBER 2019	1.00	X						0.	0.	0.
1b Subtotal								1,088,742.	0.	149,570.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,088,742.	0.	149,570.

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 **7**

	Yes	No
3 Did the organization list any former officer, director, 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
CORNERSTONE CAPITAL INVESTMENT MANAGEMENT, 1180 AVENUE OF THE AMERICAS, 20TH FLOOR, PURPLECARD HOLDINGS, LLC, 225 W. 35TH STREET, SUITE 1500, NEW YORK, NY 10001	INVESTMENT MANAGEMENT SERVICES	305,683.
	IT MAINTENANCE	137,059.

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 **2**

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	550,514.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,409,099.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 240,808.				
	h Total. Add lines 1a-1f		2,959,613.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		734,378.			734,378.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	107,750.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	107,750.				
	d Net rental income or (loss)		107,750.			107,750.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	10,401,412.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	9,994,955.				
	c Gain or (loss)	7c	406,457.				
d Net gain or (loss)		406,457.			406,457.		
8 a Gross income from fundraising events (not including \$ 550,514. of contributions reported on line 1c). See Part IV, line 18	8a		10,600.				
			87,498.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-76,898.		-76,898.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	24,459.		24,459.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			24,459.			
12 Total revenue. See instructions			4,155,759.	0.	0.	1,196,146.	

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 X

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 domestic organizations and domestic governments. See Part IV, line 21 ...	3,022,500.	3,022,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	733,926.	538,004.	120,602.	75,320.
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	1,521,860.	807,382.	351,961.	362,517.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,544.	14,348.	9,142.	7,054.
9 Other employee benefits	252,174.	112,277.	90,410.	49,487.
10 Payroll taxes	146,246.	85,759.	29,163.	31,324.
11 Fees for services (nonemployees):				
a Management				
b Legal	16,524.	1,456.	14,216.	852.
c Accounting	42,000.		42,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	290,977.		290,977.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,054,769.	712,218.	122,665.	219,886.
12 Advertising and promotion				
13 Office expenses	258,132.	108,790.	72,102.	77,240.
14 Information technology	187,265.	93,200.	30,977.	63,088.
15 Royalties				
16 Occupancy	740,185.	356,734.	182,401.	201,050.
17 Travel	199,544.	45,542.	98,816.	55,186.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	70,105.	47,860.	13,423.	8,822.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,877.		65,877.	
23 Insurance	61,557.		61,557.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	65,657.	34,013.	15,299.	16,345.
b OUTSIDE EVENTS AND OTHE	17,498.	16,075.	1,411.	12.
c MAILHOUSE AND ACQUISITI	17,092.	2,647.		14,445.
d CONVENINGS	12,169.	12,169.		
e All other expenses	15,163.	4,605.	918.	9,640.
25 Total functional expenses. Add lines 1 through 24e	8,821,764.	6,015,579.	1,613,917.	1,192,268.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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
Assets	1 Cash - non-interest-bearing	500.	1	500.
	2 Savings and temporary cash investments	6,447,196.	2	9,922,679.
	3 Pledges and grants receivable, net	7,355,569.	3	3,708,915.
	4 Accounts receivable, net	5,435.	4	2,685.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	58,534.	9	139,888.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,993,557.		
	b Less: accumulated depreciation	10b 1,778,904.		
	11 Investments - publicly traded securities	267,583.	10c	214,653.
	12 Investments - other securities. See Part IV, line 11	34,703,644.	11	33,707,502.
	13 Investments - program-related. See Part IV, line 11	820,265.	12	498,090.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	260,651.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	49,919,377.	15	266,239.	
		16	48,461,151.	
Liabilities	17 Accounts payable and accrued expenses	317,466.	17	169,024.
	18 Grants payable	2,493,000.	18	2,764,500.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	164,138.	25	117,241.
	26 Total liabilities. Add lines 17 through 25	2,974,604.	26	3,050,765.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,411,688.	27	2,790,114.
	28 Net assets with donor restrictions	44,533,085.	28	42,620,272.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	46,944,773.	32	45,410,386.
33 Total liabilities and net assets/fund balances	49,919,377.	33	48,461,151.	

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	4,155,759.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,821,764.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,666,005.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,944,773.
5	Net unrealized gains (losses) on investments	5	3,131,618.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,410,386.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2943767.	3193864.	8189122.	10599959.	2959613.	27886325.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2943767.	3193864.	8189122.	10599959.	2959613.	27886325.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12291162.
6 Public support. Subtract line 5 from line 4.						15595163.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2943767.	3193864.	8189122.	10599959.	2959613.	27886325.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	677,484.	714,237.	759,279.	834,735.	842,128.	3827863.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,580.	28,453.	3,923.	18,152.	24,459.	77,567.
11 Total support. Add lines 7 through 10						31791755.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	49.05 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	45.69 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

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

OTHER INCOME

2015 AMOUNT: \$ 2,580.

2016 AMOUNT: \$ 28,453.

2017 AMOUNT: \$ 3,923.

2018 AMOUNT: \$ 18,152.

2019 AMOUNT: \$ 24,459.

Multiple horizontal lines for providing additional information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization MS. FOUNDATION FOR WOMEN, INC.	Employer identification number 23-7252609
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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
1	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <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.)
3	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>175,076.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MS. FOUNDATION FOR WOMEN, INC.	Employer identification number 23-7252609
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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	_____ _____ _____	\$ <u>132,043.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>223,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MS. FOUNDATION FOR WOMEN, INC.	Employer identification number 23-7252609
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	STOCK _____ _____ _____	\$ <u>168,697.</u>	<u>01/10/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization MS. FOUNDATION FOR WOMEN, INC.	Employer identification number 23-7252609
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization

MS. FOUNDATION FOR WOMEN, INC.

Employer identification number

23-7252609

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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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) 2019**

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	100,000.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	25,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	125,000.													
d	Other exempt purpose expenditures	7,213,519.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,338,519.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	516,926.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	129,232.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	431,551.	446,595.	487,257.	516,926.	1,882,329.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,823,494.
c Total lobbying expenditures	55,000.	45,000.	183,050.	125,000.	408,050.
d Grassroots nontaxable amount	107,888.	111,649.	121,814.	129,232.	470,583.
e Grassroots ceiling amount (150% of line 2d, column (e))					705,875.
f Grassroots lobbying expenditures	33,000.	28,000.	94,550.	100,000.	255,550.

Schedule C (Form 990 or 990-EZ) 2019

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 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?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	7	
2 Aggregate value of contributions to (during year)	258,398.	
3 Aggregate value of grants from (during year)	302,000.	
4 Aggregate value at end of year	3,901,290.	
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" on 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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a 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 7/25/06, 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	33,918,459.	34,697,870.	33,640,491.	31,126,730.	33,092,322.
b Contributions			6,745.	142,220.	232,000.
c Net investment earnings, gains, and losses	3,725,877.	1,029,285.	2,845,333.	4,296,182.	-136,100.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,530,000.	1,495,000.	1,450,000.	1,592,136.	1,719,801.
f Administrative expenses	268,109.	313,696.	344,699.	332,505.	341,691.
g End of year balance	35,846,227.	33,918,459.	34,697,870.	33,640,491.	31,126,730.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.34 %
 - b Permanent endowment 68.92 %
 - c Term endowment 26.74 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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" on 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.	1,150,614.	184,178.
d Equipment		658,765.	628,290.	30,475.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 214,653.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	117,241.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	117,241.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,008,417.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,131,618.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	12,017.
e	Add lines 2a through 2d	2e	3,143,635.
3	Subtract line 2e from line 1	3	3,864,782.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	290,977.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	290,977.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,155,759.

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

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

1	Total expenses and losses per audited financial statements	1	8,542,804.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	12,017.
e	Add lines 2a through 2d	2e	12,017.
3	Subtract line 2e from line 1	3	8,530,787.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	290,977.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	290,977.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,821,764.

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:

THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE LONG-TERM SUPPORT FOR PROGRAMS. THE INCOME FROM ENDOWMENT IS AVAILABLE FOR GENERAL OPERATIONS.

PART X, LINE 2:

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 2017.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF SPECIAL EVENT EXPENSES TO PART VIII, LINE 8B 12,017.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF SPECIAL EVENT EXPENSES TO PART VIII, LINE 8B 12,017.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN OF VISION (event type)	NYC CAROLINE'S C (event type)	NONE (total number)	
Revenue	1	Gross receipts	510,138.	50,976.	561,114.
	2	Less: Contributions	502,388.	48,126.	550,514.
	3	Gross income (line 1 minus line 2)	7,750.	2,850.	10,600.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	20,000.	11,738.	31,738.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	43,410.	12,350.	55,760.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			87,498.
11	Net income summary. Subtract line 10 from line 3, column (d)			-76,898.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACT FOR WOMEN AND GIRLS 1900 N. DINUBA BLVD., SUITE A VISALIA, CA 93291	26-0287450	501(C)(3)	100,000.	0.			SUPPORT FOR INNOVATIVE AND EFFECTIVE REPRODUCTIVE JUSTICE PROGRAMMING, LEADERSHIP
ALL OUR KIN, INC. 414A CHAPEL STREET, SUITE 100 NEW HAVEN, CT 06511	06-1539280	501(C)(3)	40,000.	0.			TO PROVIDE THE RESOURCES, TRAINING, AND SUPPORT THAT FAMILY CHILD CARE PROVIDERS NEED AND
BLUEPRINT NC - NC BLACK WOMEN'S ROUNDTABLE - 3739 NATION DRIVE SUITE 201 - RALEIGH, NC 27612	27-2459538	501(C)(3)	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK (PARENT VOICES) - 1182 MARKET STREET, SUITE 300 - SAN FRANCISCO, CA 94102	94-2718807	501(C)(3)	100,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE - 244 S SAN PEDRO ST., STE 405 - LOS ANGELES, CA 90012	26-2213868	501(C)(3)	10,000.	0.			TO CONTINUE LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT FOR STAFF AND BOARD THROUGH THIS
CHICAGO FOUNDATION FOR WOMEN 140 S. DEARBORN ST. SUITE 400 CHICAGO, IL 60603-5229	36-3348160	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 70

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2019)

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
CHILDREN'S DEFENSE FUND SOUTHERN RURAL BLACK WOMAN'S INITIATIVE - 2659 LIVINGSTON ROAD, SUITE 200 - JACKSON, MS 39213	52-0895622	501(C)(3)	80,000.	0.			TO STRENGTHEN BAMA KIDS AND SRBWI ECONOMIC AND SOCIAL JUSTICE WORK IN ALABAMA'S BLACK BELT
CHILDSpace DAY CARE CENTER, INC. 7500 GERMANTOWN AVENUE, SMITH HALL PHILADELPHIA, PA 19119	23-2529443	501(C)(3)	70,000.	0.			TO CONTINUE ITS WORK IN ADVOCATING FOR LOW INCOME FAMILIES AND JOBS FOR THE WORKFORCE.
COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHTS - PO BOX 40991 - DENVER, CO 80204	84-1569021	501(C)(3)	90,000.	0.			TO ADVANCE OUR REPRODUCTIVE JUSTICE WORK IN COLORADO.
EMERGENCY COMMITTEE FOR ROJAVA 17 EDGEWOOD AVE. ALBANY, NY 12203	83-3367395	501(C)(3)	20,000.	0.			TO PROVIDE A CAPACITY BUILDING GRANT THAT WILL SUPPORT THE DEVELOPMENT OF SPECIAL OUTREACH
FEMINIST MAJORITY FOUNDATION 433 S. BEVERLY DRIVE BEVERLY HILLS, CA 90212	54-1426440	501(C)(3)	30,000.	0.			TO KEEP U.S. ACTIVISTS LINKED TO AND INFORMED ABOUT THE ACTIVITIES OF THE GLOBAL WOMENS
IBIS REPRODUCTIVE HEALTH 2067 MASSACHUSETTS AVENUE, SUITE 32 CAMBRIDGE, MA 02140	03-0382773	501(C)(3)	20,000.	0.			TO SUPPORT THE LATER ABORTION NETWORK
KENTUCKY HEALTH JUSTICE NETWORK PO BOX 4761 LOUISVILLE, KY 40204	27-1246514	501(C)(3)	50,000.	0.			IN SUPPORT OF TAKE ROOT - RED STATE REPRODUCTIVE JUSTICE CONFERENCE
MIAMI WORKERS CENTER 745 NW 54TH ST. MIAMI, FL 33137	65-0942224	501(C)(3)	100,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET, #23 SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	90,000.	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
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM - 1730 RHODE ISLAND AVE. NW, SUITE 210 - CHICAGO, IL 20036	51-0198509	501(C)(3)	50,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH - 50 BORAD ST, SUITE 1937 - NEW YORK, NY 10004	52-1891734	501(C)(3)	50,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NATIONAL NETWORK OF ABORTION FUNDS P.O. BOX 22457 PHILADELPHIA, PA 19110	04-3236982	501(C)(3)	75,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NATIVE AMERICAN COMMUNITY BOARD PO BOX 572 LAKE ANDES, SD 57356	46-0392867	501(C)(3)	50,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NURSES FOR SEXUAL AND REPRODUCTIVE HEALTH - 540 FAIRVIEW AVENUE N, #102 - BERKELEY, CA 55104	27-0560247	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF SOUTHEAST 241 PEACHTREE ST NE, SUITE 400 ATLANTA, GA 30303	58-6045874	501(C)(3)	40,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
PROVIDE, INC. PO BOX 410164 CAMBRIDGE, MA 02141	04-3298538	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SISTER SONG 1237 RALPH DAVID ABERNATHY BLVD. ATLANTA, GA 30310	51-0544927	501(C)(3)	50,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SOAPBOX: THE FEMINIST FOUNDATION 106 SUFFOLK STREET, 2A NEW YORK, NY 10002	46-4146072	501(C)(3)	20,000.	0.			TO ENHANCE IN-PERSON PROGRAMMING AND ALLOW US TO CONTINUE TO BUILD OUR VIRTUAL COMMUNITY, BOTH

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 OLE EDUCATION FUND 411 BELLAMAH NW ALBUQUERQUE, NM 87102	27-1275857	501(C)(3)	40,000.	0.			TO PROVIDE LEADERSHIP DEVELOPMENT AMONG WOMEN WHO ARE FIGHTING TO RAISE COMPENSATION STANDARDS
THE WOMEN'S FOUNDATION OF COLORADO 1901 E. ASBURY AVENUE, SUITE 310 DENVER, CO 80210	84-1039305	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
THE WOMEN'S FUND OF GREATER BIRMINGHAM - 2201 5TH AVENUE SOUTH, SUITE 110 - BIRMINGHAM, AL 35233	45-0952468	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
URGE 734 15TH ST NW, SUITE 800 WASHINGTON, DC 20005	52-1772575	501(C)(3)	100,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
WASHINGTON AREA WOMEN'S FOUNDATION 1331 H STREET, NW, SUITE 1000 WASHINGTON, DC 20005	52-2028612	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
WEST VIRGINIA FREE 1114 QUARRIER STREET, FLOOR 3 CHARLESTON, WV 25301	55-0715930	501(C)(3)	90,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
WOMEN & GIRLS FOUNDATION 100 W. STATION SQUARE DRIVE, SUITE PITTSBURGH, PA 15219	74-3055311	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
WOMEN'S FOUNDATION FOR A GREATER MEMPHIS - 40 S. MAIN STREET, SUITE 2280 - MEMPHIS, TN 38103	58-2207247	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
WOMEN'S FOUNDATION OF MINNESOTA 105 FIFTH AVENUE SOUTH - SUITE 300 MINNEAPOLIS, MN 55401	41-1635761	501(C)(3)	25,000.	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
WOMEN'S FUND OF MISSISSIPPI 2906 N STATE STREET, SUITE 302 JACKSON, MS 39216	26-4419982	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
ARTS & DEMOCRACY INC 88 PROSPECT PARK WEST, 3D BROOKLYN, NY 11215	47-4287935	501(C)(3)	10,000.	0.			IN SUPPORT OF A SERIES OF INTERGENERATIONAL AND BILINGUAL ARTS-BASED WORKSHOPS WITH ARTIST
ATLANTA JOBS WITH JUSTICE 420 MCDONOUGH BLVD ATLANTA, GA 30315	20-2794280	501(C)(3)	100,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH ST., SUITE 1 TUCSON, AZ 85713	52-2094677	501(C)(3)	25,000.	0.			TO SUPPORT BLACK TRANS LEADERS AND ORGANIZATIONS IN CONVENING TO ADDRESS CRITICAL ISSUES FOR BLACK
BLACK WOMEN RISING 4882 SILVER OAK STREET DAYTON, OH 45424	83-1904410	501(C)(3)	25,000.	0.			TO EXPAND OUR NETWORK TO BUILD STATE-WIDE POWER WITH WOMEN ACROSS THE STATE SUPPORTING AN
BOREALIS PHILANTHROPY P.O. BOX 3295 MINNEAPOLIS, MN 55403	46-4598642	501(C)(3)	100,000.	0.			TO SUPPORT THE GRANTMAKING PROGRAM AND OPERATIONS OF THE FUND FOR TRANS GENERATIONS, A
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT - 9800 S LA CIENEGA BLVD, SUITE 905 - INGLEWOOD, CA 90301	95-4702923	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
COLLECTIVE ACTION FOR SAFE SPACES P.O. BOX 66231 WASHINGTON, DC 20035	27-3963489	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
COMMUNITY CATALYST ONE FEDERAL STREET NEW YORK, NY 10115	04-3355127	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL SUPPORT FOR THE RAISING WOMEN'S VOICES INITIATIVE, WITH SPECIAL

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
CRITERION INSTITUTE 81 CHURCH HILL ROAD HADDAM, CT 06438	27-3458737	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
EVERYBLACKGIRL, INC 2301 HIGH STREET COLUMBIA, SC 29203	81-2865134	501(C)(3)	90,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
LEVIATHAN LAB INC. 425 W 18TH STREET, APT 11F NEW YORK, NY 10011	61-1732369	501(C)(3)	10,000.	0.			IN SUPPORT OF THE PROJECT, SPECIALLY PROCESSED AMERICAN ME.
GARMENT WORKER CENTER 1250 S. LOS ANGELES ST., SUITE 213 LOS ANGELES, CA 90015	81-0622327	501(C)(3)	100,000.	0.			TO SUPPORT THE ORGANIZING EFFORTS OF LOS ANGELES GARMENT WORKERS FOR AN END TO SWEATSHOP WAGES
HEART WOMEN & GIRLS 3473 S MARTIN LUTHER KING DR., #192 CHICAGO, IL 60616	27-3625796	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
HIGHLANDER RESEARCH AND EDUCATION CENTER - 745 NW 54TH ST - MIAMI, FL 33127	62-0646373	501(C)(3)	90,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
INSTITUTE FOR WOMEN'S POLICY RESEARCH (IWPR) - 1200 18TH STREET NW, SUITE 301 - WASHINGTON, DC 20036	52-1549572	501(C)(3)	10,000.	0.			TO PROVIDE LEADERSHIP TRANSITION SUPPORT TO IWPR.
HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612	94-3040607	501(C)(3)	15,000.	0.			TO SUPPORT THE LAUNCH OF THE LATINX HOUSE AT SUNDANCE, SPECIFICALLY A PANEL ON #METOVOTER AND
KUNDIMAN, INC. 113 WEST 60TH STREET, ROOM 924 NEW YORK, NY 10023	06-1650662	501(C)(3)	7,500.	0.			IN SUPPORT OF THE ASIAN AMERICAN FEMINIST HISTORY & ZINE-MAKING WORKSHOPS

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
MARSHA P. JOHNSON INSTITUTE 711 NORTH HIGH STREET COLUMBUS, OH 43215	46-1323531	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE DENVER AFFILIATE - 3400 ELIZABETH STREET - DENVER, CO 80237	52-0908178	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH - 14 WALL STREET, SUITE 3B - NEW YORK, NY 10005	13-3030257	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NATIONAL WOMEN'S LAW CENTER 11 DUPONT CIRCLE, NW, #800 WASHINGTON, DC 20036	52-1213010	501(C)(3)	45,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NATIVE MOVEMENT 1327 HAYES AVENUE FAIRBANKS, AK 99708	68-0535413	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
PUEBLO CRITICO, INC. URB MANSIONES DE RIO PIEDRAS 1786 CALLE BEGONIA - SAN JUAN, PUERTO RICO 0092	68-0535413	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NEO PHILANTHROPY INC. 45 W. 36TH STREET, 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	90,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
RISE UP KINGSTON 140 TREMPER AVE KINGSTON, NY 12401	84-3817275	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SAFE HAVENS INTERFAITH PARTNERSHIP AGAINST DOMESTIC VIOLENCE - 893 WEST STREET - AMHERST, MA 01002	04-2261109	501(C)(3)	10,000.	0.			TRAINING NEW LEADERS FOR THE REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE MOVEMENTS

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
SAFE RETURN PROJECT 1011 MACDONALD AVENUE RICHMOND, CA 94801	46-1323531	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SOLUTIONS NOT PUNISHMENT COLLABORATIVE, INC. - 2855 EAST POINT STREET - ATLANTA, GA 30344	84-3986151	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SOUTHERNERS ON NEW GROUND 561 W WHITEHALL STREET ATLANTA, GA 30310	61-1274170	501(C)(3)	100,000.	0.			TO SUPPORT THE STRATEGIC AND EFFECTIVE DISTRIBUTION OF MONEY TO FRONTLINE ORGANIZATIONS
SOUTHWEST WOMEN'S LAW CENTER 128 QUINCY NE ALBUQUERQUE, NM 87108	20-2884027	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SPARK REPRODUCTIVE JUSTICE NOW 1065 RALPH DAVID ABERNATHY BLVD SW, ATLANTA, GA 30310	58-1872316	501(C)(3)	80,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SPELMAN COLLEGE 350 SPELMAN LANE, SW BOX 1551 ATLANTA, GA 30314	58-0566243	501(C)(3)	7,000.	0.			IN SUPPORT OF THE AUDRE LORDE ENDOWED CHAIR IN QUEER STUDIES
THE CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET, SUITE A BROOKLYN, NY 11237	45-3813436	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
TRANS SISTAS OF COLOR PROJECT - DETROIT - 13751 ALLAN AVENUE - OAK PARK, MI 48237	38-2556668	501(C)(3)	80,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
WISCONSIN VOICES 633 S. HAWLEY ROAD, SUITE 112 MILWAUKEE, WI 53214	27-3183754	501(C)(3)	25,000.	0.			TO BUILD AND DEEPEN OUR RELATIONSHIPS WITH OUR PARTNER ORGANIZATIONS HONG AMERICAN WOMEN'S

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

THE MS. FOUNDATION REQUESTS, AND KEEPS ON FILE WRITTEN REPORTS FROM ALL GRANTEES THAT RECEIVE OVER \$10,000 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 APPORTION OF OUR GRANTEES EACH YEAR.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACT FOR WOMEN AND GIRLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR INNOVATIVE AND EFFECTIVE REPRODUCTIVE JUSTICE PROGRAMMING, LEADERSHIP DEVELOPMENT, GRASSROOTS CAMPAIGNS, POLICY AND ADVOCACY, AND EVENTS TO ADVANCE REPRODUCTIVE JUSTICE IN OUR CONSERVATIVE RURAL REGION.

NAME OF ORGANIZATION OR GOVERNMENT: ALL OUR KIN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE THE RESOURCES, TRAINING, AND SUPPORT THAT FAMILY CHILD CARE PROVIDERS NEED AND DESERVE TO BUILD HIGH-QUALITY PROGRAMS THAT WILL TRANSFORM OPPORTUNITIES FOR CHILDREN AND FAMILIES FOR YEARS TO COME.

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT FOR STAFF AND BOARD THROUGH THIS TRANSITION.

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S DEFENSE FUND SOUTHERN RURAL BLACK WOMAN'S INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN BAMA KIDS AND SRBWI ECONOMIC AND SOCIAL JUSTICE WORK IN ALABAMA'S BLACK BELT COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: EMERGENCY COMMITTEE FOR ROJAVA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A CAPACITY BUILDING GRANT THAT WILL SUPPORT THE DEVELOPMENT OF SPECIAL OUTREACH CAMPAIGNS AIMED AT FEMINIST AND PEOPLE OF COLOR ORGANIZATIONS AND TO HIRE AN EXECUTIVE DIRECTOR

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FEMINIST MAJORITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO KEEP U.S. ACTIVISTS LINKED TO AND INFORMED ABOUT THE ACTIVITIES OF THE GLOBAL WOMENS MOVEMENT AND SUPPORT TO SUSTAIN OUR CAPACITY FOR GLOBAL REPORTING, INCLUDING SPECIAL REPORTS IN THE MAGAZINE AND BREAKING NEWS ON MSMEDIA.ORG.

NAME OF ORGANIZATION OR GOVERNMENT: SOAPBOX: THE FEMINIST FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENHANCE IN-PERSON PROGRAMMING AND ALLOW US TO CONTINUE TO BUILD OUR VIRTUAL COMMUNITY, BOTH WITH FRESH FACES AND OUR VAST ALUMNI COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: THE OLE EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE LEADERSHIP DEVELOPMENT AMONG WOMEN WHO ARE FIGHTING TO RAISE COMPENSATION STANDARDS FOR EARLY EDUCATORS.

NAME OF ORGANIZATION OR GOVERNMENT: ARTS & DEMOCRACY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF A SERIES OF INTERGENERATIONAL AND BILINGUAL ARTS-BASED WORKSHOPS WITH ARTIST MONICA JAHAN BOSE.

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE FOR GLOBAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BLACK TRANS LEADERS AND ORGANIZATIONS IN CONVENING TO ADDRESS CRITICAL ISSUES FOR BLACK TRANS WOMEN AND GIRLS, AND FUTURES OF BLACK/TRANS PEOPLE MORE LARGELY.

NAME OF ORGANIZATION OR GOVERNMENT: BLACK WOMEN RISING

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND OUR NETWORK TO BUILD STATE-WIDE POWER WITH WOMEN ACROSS THE STATE SUPPORTING AN AGENDA AROUND REPRODUCTIVE JUSTICE, ECONOMIC JUSTICE, HEALING, CRIMINAL JUSTICE REFORM AND CLIMATE CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: BOREALIS PHILANTHROPY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GRANTMAKING PROGRAM AND OPERATIONS OF THE FUND FOR TRANS GENERATIONS, A TRANS-LED FUND, HOUSED AT BOREALIS PHILANTHROPY.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CATALYST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GENERAL SUPPORT FOR THE RAISING WOMEN'S VOICES INITIATIVE, WITH SPECIAL ATTENTION TO CAPACITY BUILDING FOR WOMEN OF COLOR-LED ORGANIZATIONS AND FUNDING OF AN ANNUAL CONVENING.

NAME OF ORGANIZATION OR GOVERNMENT: GARMENT WORKER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZING EFFORTS OF LOS ANGELES GARMENT WORKERS FOR AN END TO SWEATSHOP WAGES AND WORKING CONDITIONS, INCLUDING FASHION BRAND ACCOUNTABILITY AND ROBUST LABOR LAWS.

NAME OF ORGANIZATION OR GOVERNMENT: HISPANICS IN PHILANTHROPY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE LAUNCH OF THE LATINX HOUSE AT SUNDANCE, SPECIFICALLY A PANEL ON #METOVOTER AND RESHAPING THE NARRATIVE ABOUT SURVIVORS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERNERS ON NEW GROUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE STRATEGIC AND

Part IV Supplemental Information

EFFECTIVE DISTRIBUTION OF MONEY TO FRONTLINE ORGANIZATIONS LEADING TRANSFORMATIONAL RACIAL, GENDER, AND ECONOMIC JUSTICE EFFORTS THROUGHOUT THE SOUTHERN REGION.

NAME OF ORGANIZATION OR GOVERNMENT: WISCONSIN VOICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD AND DEEPEN OUR RELATIONSHIPS WITH OUR PARTNER ORGANIZATIONS HMONG AMERICAN WOMEN'S ASSOCIATION AND FREEDOM INC.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TERESA YOUNGER PRESIDENT/CEO	(i)	241,305.	0.	0.	5,985.	24,917.	272,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROSINA BARBA COO	(i)	200,675.	0.	0.	5,833.	12,981.	219,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROSALYN LEE VP, STRATEGY & PROGRAMS	(i)	183,188.	0.	0.	5,238.	30,851.	219,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELLEN LIU DIR. CAPACITY BLD & LEARNING	(i)	131,081.	0.	0.	4,176.	18,352.	153,609.	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)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

ANDREA BRADFORD RECEIVED \$46,362 OF SEVERANCE IN HER 2019 W-2.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

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	11	240,808.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** **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 nonstandard contributions? **31** **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019

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):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B) OF SCHEDULE M.

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

MS. FOUNDATION FOR WOMEN, INC.

Employer identification number

23-7252609

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE'RE THE FIRST NATIONAL WOMEN'S FOUNDATION. WE'RE CHANGING THE FACE OF
PHILANTHROPY AND TRANSFORMING OUR DEMOCRACY BY PUTTING WOMEN AND GIRLS
OF COLOR FIRST. OUR MISSION IS TO BUILD WOMEN'S COLLECTIVE POWER IN
THE U.S. TO ADVANCE EQUITY AND JUSTICE FOR ALL. WE ACHIEVE OUR MISSION
BY INVESTING IN, AND STRENGTHENING THE CAPACITY OF WOMEN LED MOVEMENTS
TO ADVANCE MEANINGFUL SOCIAL, CULTURAL AND ECONOMIC CHANGE IN THE LIVES
OF WOMEN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GIVING CIRCLE, AND GLORIA FUND.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INFORM THE PUBLIC OF THE CRITICAL WORK AND ISSUES BEING DONE BY WOMEN
IN THE NONPROFIT SECTOR AND TO CHALLENGE PHILANTHROPY. WE HOSTED A
FEMINIST BLOCK PARTY WHICH CREATED AN OPPORTUNITY TO REACH INTO HOMES
THROUGHOUT THE COUNTRY. OUR PUBLIC EDUCATION EFFORTS WORK TO CHANGE
THE DOMINANT NARRATIVE AROUND OUR CORE ISSUES AND THE ISSUES OF
GRANTEES BOTH BY ENSURING THAT BOTH A GENDER AND RACE LENS ARE APPLIED
TO CRITICAL ISSUES AND BY ENGAGING INDIVIDUALS AND HOSTING
CONVERSATIONS AROUND THESE ISSUES.

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

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

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

Schedule O (Form 990 or 990-EZ) (2019)

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

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:

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 CEO'S COMPENSATION IN THE FALL OF 2019.

WHEN HIRING NEW VP'S, INITIAL OFFER IS BASED ON EXTERNAL BENCHMARKING AND INPUT BY RECRUITMENT CONSULTANTS AS TO THE MARKET VALUE OF SUCH POSITIONS. OVERALL, ANNUAL VP COMPENSATIONS ARE REVIEWED AND APPROVED BY THE CEO BASED ON THE OVERALL BUDGET AS APPROVED BY THE BOARD. COMPENSATION SURVEYS ARE ALSO LEVERAGED. THE PROCESS WAS LAST UNDERTAKEN IN THE FALL OF 2019. BOTH THE CEO'S AND VP'S COMPENSATION WAS APPROVED BY THE BOARD MEMBERS AND DOCUMENTED IN THE MINUTES.

Name of the organization MS. FOUNDATION FOR WOMEN, INC.	Employer identification number 23-7252609
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AL, AR, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, NH, NJ, NM, NC, OR, PA, RI, SC, TN, UT, VA, WV
WI, NY, MS

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

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, ARTICLES OF INCORPORATION,
BY-LAWS 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 IX, LINE 11G, OTHER FEES:

CONSULTANTS & OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	712,218.
MANAGEMENT AND GENERAL EXPENSES	122,665.
FUNDRAISING EXPENSES	219,886.
TOTAL EXPENSES	1,054,769.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,054,769.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT
OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR
YEAR.

