

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

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.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MS FOUNDATION FOR WOMEN, INC	Taxpayer identification number (TIN) 23-7252609
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 12 METROTECH CENTER, NO. 26 FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOKLYN, NY 11201	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ROSINA BARBA

- The books are in the care of ▶ **12 METROTECH CENTER, 26TH FLOOR - BROOKLYN, NY 11201**
Telephone No. ▶ **(212)742-2300** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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 \$ 36,886,209. 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	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	24
	6	Total number of volunteers (estimate if necessary)	6	24
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 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)	1,140,835.	2,444,895.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,311.	-36,951.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,155,759.	25,679,441.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	2,684,750.	3,122,303.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	150,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,442,202.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,114,514.	3,118,378.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,821,764.	11,227,181.
	19	Revenue less expenses. Subtract line 18 from line 12	-4,666,005.	14,452,260.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 48,461,151.	End of Year 69,143,480.
	21	Total liabilities (Part X, line 26)	3,050,765.	2,634,937.
	22	Net assets or fund balances. Subtract line 21 from line 20	45,410,386.	66,508,543.

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 01/23/22	Check if self-employed <input type="checkbox"/>	PTIN 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

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

4a (Code:) (Expenses \$ 7,022,686. including grants of \$ 4,836,500.) (Revenue \$ 0.)

GRANTMAKING AND CAPACITY BUILDING: DURING THE 2021 FISCAL YEAR, THE FOUNDATION PROVIDED GENERAL OPERATING SUPPORT FOR MORE THAN 114 GRANTEE PARTNERS THROUGHOUT THE COUNTRY AND HELP ADVANCE A WIDE-RANGE OF PROJECTS THAT WORK TO END GENDER VIOLENCE, IMPROVE ECONOMIC SECURITY, PROMOTE HEALTH EQUITY, AND MORE.

THIS YEAR'S FUNDING IS AN INCREASE OVER LAST YEAR AND REPRESENTS A BALANCED PORTFOLIO OF RURAL, URBAN, EMERGING, AND ESTABLISHED ORGANIZATIONS WITH A CONCERTED EFFORT TO INVEST AND SUPPORT WOMEN AND GIRLS OF COLOR (WGOC), INCLUDING TRANS AND NON-BINARY PEOPLE. WITH 90% OF OUR GRANTEE PORTFOLIO COMPRISED OF ORGANIZATIONS LED BY WOMEN AND GIRLS OF COLOR, AND IS ALIGNED WITH PART OF THE FOUNDATION'S STRATEGIC

4b (Code:) (Expenses \$ 1,051,250. including grants of \$ 0.) (Revenue \$ 0.)

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. DUE TO COVID 19 OUR EFFORTS TO ENGAGE THE PUBLIC MEANT MORE ZOOM WHICH EXTENDED OUR REACH MORE BROADLY. OUR LARGEST PUBLIC EDUCATION EFFORT WAS BEYOND WHITE FEMINISM: IN PARTNERSHIP WITH THE CENTER FOR BROOKLYN HISTORY, A TWO-PROGRAM THAT FOCUSED ON THE FAILURE

4c (Code:) (Expenses \$ 4,461. including grants of \$ 0.) (Revenue \$ 0.)

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 RELEASED POCKET CHANGE: HOW WOMEN AND GIRLS OF COLOR DO MORE WITH LESS. THIS REPORT HIGHLIGHTED THE WORK AND ACCOMPLISHMENTS OF ORGANIZATIONS LED BY AND FOR WOMEN AND GIRLS OF COLOR, AND CHALLENGING PHILANTHROPY AND POLICY MAKERS TO NAME WOMEN AND GIRLS OF COLOR, TRACK THE DOLLARS OF SUPPORT, AND INCREASE THOSE DOLLARS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,078,397.

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)

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

Note: All Form 990 filers are required to complete Schedule O

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. 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.		
	1a 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
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			244,495.	0.	39,753.	
(2) ROSALYN LEE VP, STRATEGY & PROGRAMS	40.00				X		189,761.	0.	43,307.	
(3) ROSINA BARBA COO	40.00			X			204,419.	0.	19,630.	
(4) RUTH MCFARLANE VP, ADVANCEMENT	40.00				X		195,000.	0.	2,955.	
(5) ELLEN LIU DIR., CAPACITY BLD & LEARNING	40.00					X	129,092.	0.	54,138.	
(6) ANNA MARTINEZ DIR., FINANCE AND ADMIN	40.00					X	103,792.	0.	41,166.	
(7) STEPHANIE BLACKWOOD DIRECTOR, MAJOR GIFTS	40.00					X	124,400.	0.	18,330.	
(8) TAMARA VASAN DIR., INSTITUTIONAL PARTNERSHIPS	40.00					X	107,184.	0.	19,026.	
(9) SHAWNDA CHAPMAN DIR., GIRLS FUND INITIATIVE	40.00					X	109,619.	0.	14,234.	
(10) JOCELYN FRYE CHAIR	1.00	X		X			0.	0.	0.	
(11) ALICIA LARA VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) GAIL WASSERMAN SECRETARY	1.00	X		X			0.	0.	0.	
(13) JENNA BUSSMAN-WISE TREASURER	1.00	X		X			0.	0.	0.	
(14) SUSAN DICKLER DIRECTOR	1.00	X					0.	0.	0.	
(15) TOM WATSON DIRECTOR	1.00	X					0.	0.	0.	
(16) CATHIE HARTNETT DIRECTOR	1.00	X					0.	0.	0.	
(17) SUZANNE LERNER 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) CATHERINE YELVERTON DIRECTOR	1.00	X					0.	0.	0.	
(19) RINKU SEN DIRECTOR	1.00	X					0.	0.	0.	
(20) YING LING LEUNG DIRECTOR	1.00	X					0.	0.	0.	
(21) JENNA SCANLAN DIRECTOR	1.00	X					0.	0.	0.	
(22) WADE DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(23) LAUREN EMBREY DIRECTOR	1.00	X					0.	0.	0.	
(24) ANGELA GLOVER BLACKWELL DIRECTOR	1.00	X					0.	0.	0.	
(25) DANIELLE MOODIE DIRECTOR	1.00	X					0.	0.	0.	
(26) ALEX BUSANSKY DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							1,407,762.	0.	252,539.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,407,762.	0.	252,539.	

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 **9**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	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? <i>If "Yes," complete Schedule J for such person</i>	5	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
GRAYSTONE CONSULTING, 227 WEST MONROE STREET, SUITE 3400, CHICAGO, IL 60606	INVESTMENT MANAGER	188,520.
COMMUNITY COUNSELLING SERVICE CO LLC, 1180 AVENUE OF THE AMERICAS, 20TH FLOOR, NEW A2 STRATEGIES	CAMPAIGN PLANNING SERVICES	150,000.
332 MACDONOUGH ST, BROOKLYN, NY 11233	GALA CONSULTING & STRATEGIC COMM.	110,031.
PURPLECARD HOLDINGS, LLC, 225 W. 35TH STREET, SUITE 1500, NEW YORK, NY 10001	IT MAINTENANCE	103,745.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Row 1: (27) CANDI CASTLEBERRY DIRECTOR, 1.00 hours, Individual trustee or director, 0.00, 0.00, 0.00.

Total to Part VII, Section A, line 1c

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	528,646.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,742,851.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 30,667.				
	h Total. Add lines 1a-1f			23,271,497.			
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)		1,190,255.			1,190,255.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	38,750.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	38,750.				
	d Net rental income or (loss)			38,750.		38,750.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	12,357,225.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	11,102,585.				
	c Gain or (loss)	7c	1,254,640.				
d Net gain or (loss)			1,254,640.		1,254,640.		
8 a Gross income from fundraising events (not including \$ 528,646. of contributions reported on line 1c). See Part IV, line 18	8a		2,590.				
b Less: direct expenses	8b	104,183.					
c Net income or (loss) from fundraising events			-101,593.		-101,593.		
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	25,892.		25,892.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			25,892.			
12 Total revenue. See instructions			25,679,441.	0.	0.	2,407,944.	

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 ...	4,836,500.	4,836,500.		
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	1,027,978.	821,207.	123,476.	83,295.
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	1,553,478.	748,473.	410,350.	394,655.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,090.	13,642.	9,260.	8,188.
9 Other employee benefits	305,025.	120,900.	115,413.	68,712.
10 Payroll taxes	204,732.	134,256.	37,668.	32,808.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,181.		11,181.	
c Accounting	36,250.		36,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	150,000.			150,000.
f Investment management fees	248,684.		248,684.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,295,583.	702,847.	194,891.	397,845.
12 Advertising and promotion				
13 Office expenses	220,177.	102,657.	57,253.	60,267.
14 Information technology	217,673.	118,273.	49,063.	50,337.
15 Royalties				
16 Occupancy	745,562.	378,493.	216,492.	150,577.
17 Travel	1,672.	56.	1,100.	516.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	21,409.	6,237.	11,547.	3,625.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,054.		73,054.	
23 Insurance	78,869.		78,869.	
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 & MAINTENANCE	55,402.	29,744.	15,061.	10,597.
b OUTSIDE EVENTS/CHARITAB	47,662.	26,512.	16,000.	5,150.
c CONVENINGS	38,001.	38,001.		
d MAILHOUSE SERVICES	24,765.		9.	24,756.
e All other expenses	2,434.	599.	961.	874.
25 Total functional expenses. Add lines 1 through 24e	11,227,181.	8,078,397.	1,706,582.	1,442,202.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	500.	1	500.
	2 Savings and temporary cash investments	9,922,679.	2	16,897,003.
	3 Pledges and grants receivable, net	3,708,915.	3	5,339,996.
	4 Accounts receivable, net	2,685.	4	5,792.
	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	139,888.	9	122,455.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,029,694.		
	b Less: accumulated depreciation	10b 1,851,958.		
	11 Investments - publicly traded securities	33,707,502.	11	44,085,250.
	12 Investments - other securities. See Part IV, line 11	498,090.	12	2,295,816.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	266,239.	15	218,932.
16 Total assets. Add lines 1 through 15 (must equal line 33)	48,461,151.	16	69,143,480.	
Liabilities	17 Accounts payable and accrued expenses	169,024.	17	330,823.
	18 Grants payable	2,764,500.	18	2,233,769.
	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	117,241.	25	70,345.
	26 Total liabilities. Add lines 17 through 25	3,050,765.	26	2,634,937.
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	2,790,114.	27	13,173,750.
	28 Net assets with donor restrictions	42,620,272.	28	53,334,793.
	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	45,410,386.	32	66,508,543.
33 Total liabilities and net assets/fund balances	48,461,151.	33	69,143,480.	

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	25,679,441.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,227,181.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,452,260.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,410,386.
5	Net unrealized gains (losses) on investments	5	6,666,397.
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	-20,500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,508,543.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3193864.	8189122.	10599959.	2945113.	23271497.	48199555.
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	3193864.	8189122.	10599959.	2945113.	23271497.	48199555.
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)						14790250.
6 Public support. Subtract line 5 from line 4.						33409305.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3193864.	8189122.	10599959.	2945113.	23271497.	48199555.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	714,237.	759,279.	834,735.	842,128.	1229005.	4379384.
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.)	28,453.	3,923.	18,152.	24,459.	25,892.	100,879.
11 Total support. Add lines 7 through 10						52679818.

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	63.42 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	49.05 %

16a 33 1/3% support test - 2020. 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

b 33 1/3% support test - 2019. 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

17a 10% -facts-and-circumstances test - 2020. 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

b 10% -facts-and-circumstances test - 2019. 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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
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>		
2		

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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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).		

Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

2016 AMOUNT: \$ 28,453.

2017 AMOUNT: \$ 3,923.

2018 AMOUNT: \$ 18,152.

2019 AMOUNT: \$ 24,459.

2020 AMOUNT: \$ 25,892.

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

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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
---	---

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>13,000,000.</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>4,500,000.</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>1,000,000.</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>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>600,000.</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>500,000.</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
---	---

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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) 2020**

LHA
032041 12-02-20

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)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	9,536,295.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,536,295.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	626,815.													
<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)	156,704.													
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	446,595.	487,257.	516,926.	626,815.	2,077,593.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,116,390.
c Total lobbying expenditures	45,000.	183,050.	125,000.		353,050.
d Grassroots nontaxable amount	111,649.	121,814.	129,232.	156,704.	519,399.
e Grassroots ceiling amount (150% of line 2d, column (e))					779,099.
f Grassroots lobbying expenditures	28,000.	94,550.	100,000.		222,550.

Schedule C (Form 990 or 990-EZ) 2020

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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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

2020

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)	111,589.	
3 Aggregate value of grants from (during year)	325,500.	
4 Aggregate value at end of year	4,392,538.	
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) 2020

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	35,846,227.	33,918,459.	34,697,870.	33,640,491.	31,126,730.
b Contributions				6,745.	142,220.
c Net investment earnings, gains, and losses	8,225,930.	3,725,877.	1,029,285.	2,845,333.	4,296,182.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,965,000.	1,530,000.	1,495,000.	1,450,000.	1,592,136.
f Administrative expenses	225,649.	268,109.	313,696.	344,699.	332,505.
g End of year balance	41,881,508.	35,846,227.	33,918,459.	34,697,870.	33,640,491.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 3.3829 %
 - b Permanent endowment 59.6740 %
 - c Term endowment 36.9428 %
- 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.	1,202,801.	131,991.
d Equipment		694,902.	649,157.	45,745.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				177,736.

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	70,345.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	70,345.

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	32,167,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,666,397.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	70,379.
e	Add lines 2a through 2d	2e	6,736,776.
3	Subtract line 2e from line 1	3	25,430,757.
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	248,684.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	248,684.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,679,441.

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	11,069,376.
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	90,879.
e	Add lines 2a through 2d	2e	90,879.
3	Subtract line 2e from line 1	3	10,978,497.
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	248,684.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	248,684.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,227,181.

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 2018.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF SPECIAL EVENT EXPENSES TO PART VIII, LINE 8B 70,379.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF SPECIAL EVENT EXPENSES TO PART VIII, LINE 8B 70,379.

WRITE-OFF OF UNCOLLECTIBLE PLEDGES 20,500.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 90,879.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ 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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
COMMUNITY COUNSELLING SERVICE CO., LLC - 100 MONTGOMERY	CAMPAIGN PLANNING SERVICES		X	0.	150,000.	-150,000.
Total					150,000.	-150,000.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	531,236.			531,236.
	2 Less: Contributions	528,646.			528,646.
	3 Gross income (line 1 minus line 2)	2,590.			2,590.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	104,183.			104,183.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				104,183.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-101,593.

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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE CO., LLC

(I) ADDRESS OF FUNDRAISER:

100 MONTGOMERY STREET, SUITE 2270, SAN FRANCISCO, CA 94104

**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

2020

**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
A LONG WALK HOME 1658 N MILWAUKEE AVENUE, 104 CHICAGO, IL 60647	30-0053613	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTICE - 7107 WOODSIDE AVE, 1ST FLOOR - WOODSIDE, NY 11377	20-3384725	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
AGITARTE 678 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	04-3420465	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST #1 TUCSON, AZ 85713	52-2094677	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
ALLIED MEDIA PROJECTS, INC. 4126 THIRD STREET DETROIT, MI 48201	01-0559608	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
ARTS BUSINESS COLLABORATIVE INC. PO BOX 296 ELMHURST, NY 11380	83-2173068	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 133.**

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

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ASIAN AMERICAN ARTS ALLIANCE 20 JAY ST #740 BROOKLYN, NY 11201	13-3480189	501(C)(3)	12,500.	0.			WE WERE HERE: UNMASKING YELLOW PERIL
ASIAN HEALTH SERVICES 101 8TH STREET, SUITE 100 OAKLAND, CA 94607	94-2235908	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
BEAUTY MARKS 525 BENS CREEK ROAD WOODRUFF, SC 29388	82-5487846	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
BLACK BELT COMMUNITY FOUNDATION INC - PO BOX 2020 - SELMA, AL 36702	63-1270745	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
BLACK SWAN ACADEMY INC 104 MICHIGAN AVE NE, C23 WASHINGTON, DC 20017	46-4244374	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BLACK WOMEN'S BLUEPRINT, INC. 271 CADMAN PLAZA PARK, PO BOX 24713 BROOKLYN, NY 11201	27-1308862	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
BLUEPRINT NORTH CAROLINA 3125 POPLARWOOD CT, STE 300 RALEIGH, NC 27604	27-2459538	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
BOLD FUTURES 309 GOLD AVE. SW ALBUQUERQUE, NM 87102	85-0481224	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
BOREALIS PHILANTHROPY PO BOX 3295 MINNEAPOLIS, MN 55403	46-4598642	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BOSTON WOMEN'S FUND INC. 14 BEACON STREET, SUITE 805 BOSTON, MA 02108	22-2475551	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
BYP100 EDUCATION FUND PO BOX 15254 CHICAGO, IL 60615	81-0975889	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE - PO BOX 861766 - LOS ANGELES, CA 90026	26-2213868	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
CAROLINA YOUTH ACTION PROJECT 1230 DICKSON AVENUE HANAHAN, SC 29410	27-5484213	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CCF COMMUNITY INITIATIVES FUND 445 S FIGUEROA ST, STE 3400 LOS ANGELES, CA 90071	95-4774698	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR PARTICIPATORY CHANGE, INC. - 610 HAYWOOD RD - ASHEVILLE, NC 28806	56-2126417	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CENTER ON HALSTED 3656 N. HALSTED ST. CHICAGO, IL 60613	51-0178807	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
CENTRO DE LOS DERECHOS DEL MIGRANTE, INC. - 822 GUILFORD AVE #970 - BALTIMORE, MD 21202	20-2588279	501(C)(3)	60,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO FOUNDATION FOR WOMEN 140 S. DEARBORN, #400 CHICAGO, IL 60603	36-3348160	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHICAGO FREEDOM SCHOOL 719 S. STATE STREET FLOOR 4 CHICAGO, IL 60605	20-4735643	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
CHINA RESIDENCIES 634 GREENE AVE #1 BROOKLYN, NY 11221	46-2236078	501(C)(3)	7,000.	0.			CANAL STREET RESEARCH ASSOCIATION: STREET AS SCROLL
CHOCOLATE SOUL REVIVAL INC 624 CHALCEDONY CT DURHAM, NC 27703	85-3706399	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
COLECTIVA LEGAL DEL PUEBLO 13838 1ST AVE S BURIEN, WA 98168	46-1470709	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
COMMON COUNSEL FOUNDATION 1624 FRANKLIN STREET #1022 OAKLAND, CA 94612	94-3214166	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY CATALYST, INC. ONE FEDERAL STREET, FIFTH FLOOR BOSTON, MA 02110	04-3355127	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT TO RADICAL MONARCHS
DAUGHTERS BEYOND INCARCERATION 8000 CROWDER BLVD, SUITE B NEW ORLEANS, LA 70127	83-0565514	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
DELORES BARR WEAVER POLICY CENTER, INC. - 40 EAST ADAMS STREET, SUITE 130 - JACKSONVILLE, FL 32202	46-0938295	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL PUEBLO, INC. 2321 CRABTREE BLVD, SUITE 105 RALEIGH, NC 27604	56-1934310	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
EQUAL RIGHTS ADVOCATES, INC. 611 MISSION STREET, 4TH FLOOR SAN FRANCISCO, CA 94015	23-7217027	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
ESPERANZA PEACE AND JUSTICE CENTER 922 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-2419582	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
EVERYBLACKGIRL, INC 4041 HIGHLAND PARK DR COLUMBIA, SC 29204	81-2865134	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FAITH IN TEXAS - PICO 1111 W MOCKINGBIRD LN SUITE 260 DALLAS, TX 75247	47-3005234	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
FEDFAM4LIFE 1546 SE ROYAL GREEN CIRCLE, APT. L1 PORT ST LUCIE, FL 34952	82-3531395	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
FEMINIST MAJORITY FOUNDATION 433 S BEVERLY DRIVE BEVERLY HILLS, CA 90212	54-1426440	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
FIERCE 147 WEST 24TH STREET, 6TH FLOOR NEW YORK, NY 10011	03-0518774	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FREEDOM INC 601 BAYVIEW CT MADISON, WI 53715	43-2023570	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GENDERS & SEXUALITIES ALLIANCE NETWORK - 300 FRANK H OGAWA PLAZA, SUITE 9 - OAKLAND, CA 94612	20-5367752	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GEORGETOWN UNIVERSITY 37TH AND O STREETS, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
GIRLS FOR A CHANGE 100 BUFORD RD. N. CHESTERFIELD, VA 23235	26-0035835	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
GIRLS FOR GENDER EQUITY INC 25 CHAPEL STREET, SUITE 1006 BROOKLYN, NY 11201	04-3697166	501(C)(3)	110,000.	0.			GENERAL OPERATING SUPPORT
GIRLS GOING GLOBAL 151 ELLIS ST. SUITE 129 ATLANTA, GA 30303	45-4705845	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GOLDEN GIRLZ NC, INC. 210 EDWARD STREET DURHAM, NC 27701	84-5058305	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
GRASSROOTS COMMUNITY FOUNDATION INC. - 59 MAIN STREET - WEST ORANGE, NJ 07052	45-2564107	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GROUNDSWELL FUND PO BOX 71642 OAKLAND, CA 94612	47-4003615	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
HEART WOMEN & GIRLS PROJECT 3473 S MARTIN LUTHER KING DR, 192 CHICAGO, IL 60616	27-3625796	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HIGHLANDER RESEARCH & EDUCATION CENTER INC. - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
IBIS REPRODUCTIVE HEALTH INC. 2067 MASSACHUSETTS AVENUE, SUITE 32 CAMBRIDGE, MA 02140	03-0382773	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
IGNITE 510 16TH STREET OAKLAND, CA 94612	38-3819049	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
INDEPENDENT ARTS & MEDIA PO BOX 420442 SAN FRANCISCO, CA 94142	94-3355076	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
JAIL PROJECT OF TEXAS 13121 LOUETTA ROAD #1330 CYPRESS, TX 77429	45-2666807	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
KAHEA THE HAWAIIAN ENVIRONMENTAL ALLIANCE - 98-614 KAIMU LOOP - AIEA, HI 96701	99-0348025	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
KENTUCKY HEALTH JUSTICE NETWORK INC. - 900 S SHELBY ST - LOUISVILLE, KY 40203	27-1246514	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
KINDING SINDAW HERITAGE FOUNDATION INC. - 37-30 73RD STREET - JACKSON HEIGHTS, NY 11372	47-2655890	501(C)(3)	7,000.	0.			COMMUNITY-BASED STORYTELLING SERIES: TELLING OUR STORIES (SALSILA)
LATIN AMERICAN AND CARIBBEAN COMMUNITY CENTER - 409 MORRIS PARK AVE - BRONX, NY 10460	20-0440935	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
MARY MITCHELL FAMILY AND YOUTH CENTER INC - 2007 MAPES AVE - BRONX, NY 10460	13-3385032	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ME TOO INTERNATIONAL INC. 245 N HIGHLAND AVE, STE 230 #808 ATLANTA, GA 30307	83-4447513	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MEKONG INC. 2471 UNIVERSITY AVENUE, BSMT BRONX, NY 10468	80-0834777	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
MEMPHIS CENTER FOR REPRODUCTIVE 1203 POPLAR AVE. MEMPHIS, TN 38104	62-0931089	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
MISSISSIPPI COALITION ON BLACK CIVIC PARTICIPATION - 157 GLENMARY STREET - JACKSON, MS 39203	83-1193631	501(C)(3)	130,000.	0.			GENERAL OPERATING SUPPORT
MISSOURI FAITH VOICES 311 W. DUNKLIN JEFFERSON CITY, MO 65109	27-4549389	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
MONSOON ASIANS & PACIFIC ISLANDERS IN SOLIDARITY - P.O. BOX 10135, 490 LAKE PARK AVE. - OAKLAND, CA 94610	35-2297207	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MOTHERING JUSTICE 17320 LIVERNOIS AVE DETROIT, MI 48221	45-3740989	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 - 1225 NEW YORK AVE NW, SUITE 800 - WASHINGTON, DC 20005	36-4799986	501(C)(3)	175,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL BLACK WOMEN'S JUSTICE INSTITUTE - 1000 DEAN STREET, SUITE 101 - BROOKLYN, NY 11238	46-3198451	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL CENTER FOR CIVIC INNOVATION INC. - 121 AVENUE OF THE AMERICAS, 6TH FLOOR - NEW YORK, NY 10013	02-0590588	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH - 14 WALL ST, STE 3B - NEW YORK, NY 10005	13-3030257	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL KOREAN AMERICAN SERVICE AND EDUCATION CONSORTIUM INC. - 4304 EVERGREEN LANE, SUITE 104 - ANNANDALE, VA 22003	11-3303986	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE JUSTICE - 50 BROAD STREET, SUITE 1937 - NEW YORK, NY 10004	52-1891734	501(C)(3)	80,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DRIVE, PMB 16009 BEAVERTON, OR 97008	04-3236982	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
NATIVE ACTION NETWORK 815 1ST AVE #113 SEATTLE, WA 98104	27-0884032	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NATIVE AMERICAN COMMUNITY BOARD PO BOX 572 LAKE ANDES, SD 57356	46-0392867	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NURSES FOR SEXUAL AND REPRODUCTIVE HEALTH - 540 FAIRVIEW AVENUE N, #102 - ST. PAUL, MN 55104	27-0560247	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
OPERATION RESTORATION 1450 POYDRAS ST. SUITE 2260 NEW ORLEANS, LA 70112	61-1791941	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
ORLEANS PARISH PRISON REFORM COALITION - 4035 WASHINGTON AVENUE - NEW ORLEANS, LA 70125	82-4969210	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
ORLEANS PUBLIC EDUCATION NETWORK PO BOX 791312 NEW ORLEANS, LA 70119	80-0378257	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
PALMETTO AIDS LIFE SUPPORT SERVICES - 681 BROUGHTON ST - ORANGEBURG, SC 29118	57-0841427	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
PALMETTO YOUTH CONNECTION 10 KINGBIRD COURT COLUMBIA, SC 29223	26-1402263	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WAY OAKLAND, CA 94612	94-3136771	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
PHYSICIANS FOR REPRODUCTIVE HEALTH INC. - 1430 BROADWAY, SUITE 1614 - NEW YORK, NY 10018	13-3693391	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
PROVIDE, INC. P.O. BOX 8265 ROUND ROCK, TX 78683	04-3298538	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PU'A FOUNDATION 2331 SEAVIEW AVENUE HONOLULU, HI 96822	99-0328687	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PUBLIC ALLIES INC 735 N WATER ST STE 550 MILWAUKEE, WI 53202	52-1759564	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - ONE LINCOLN CENTER - SYRACUSE, NY 13202	14-1368361	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
RESTOREHER USAMERICA INC. 211 GREEN VALLEY RD FAYETTEVILLE, GA 30214	83-0907216	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
S.O.U.L SISTERS LEADERSHIP COLLECTIVE INC. - 1951 NW 7TH AVE, - MIAMI, FL 33138	47-3108951	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SADIE NASH LEADERSHIP PROJECT INC. 4 WEST 43RD STREET, SUITE 502 NEW YORK, NY 10036	11-3633912	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SHED NYC INC 545 W 30TH ST NEW YORK, NY 10001	90-0884353	501(C)(3)	7,000.	0.			SONNET CROWN FOR NYC
SISTER SONG INC. 1237 RALPH DAVID ABERNATHY BLVD. ATLANTA, GA 30310	51-0544927	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
SISTERREACH 2811 CLARKE ROAD MEMPHIS, TN 38115	45-4013343	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SISTERS PGH CORP 2014 MONONGAHELA AVENUE PITTSBURGH, PA 15218	82-1600131	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SOCIAL & ENVIRONMENTAL ENTREPRENEURS INC. - 23564 CALABASAS RD, STE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SOUTH ASIAN AMERICANS LEADING TOGETHER INC. - 8403 COLESVILLE RD, STE 1100 - SILVER SPRING, MD 20910	52-2216665	501(C)(3)	7,000.	0.			DESI RAINBOW ACCEPTANCE WORKBOOK (DRAW)
SOUTHEAST IMMIGRANT RIGHTS NETWORK INC. - P.O. BOX 87119 - COLLEGE PARK, GA 30337	81-2745490	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT
SOUTHERN BIRTH JUSTICE NETWORK 1779 NE 162 ND ST NORTH MIAMI, FL 33162	61-1565139	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION - 2195 NOLENSVILLE PIKE - NASHVILLE, TN 37211	20-0121100	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
THE AFIYA CENTER 7220 WESTMORELAND RD SUITE 200 DALLAS, TX 75224	36-4625704	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
THE BEAUTIFUL PROJECT INC 201 W. MAIN STREET, SUITE 100, PMB DURHAM, NC 27701	45-4724894	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE HUE COLLECTIVE INC. 2911 GILLMAR STREET DELTONA, FL 32738	83-4477575	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 LIGHTHOUSE BLACK GIRL PROJECTS 70 CHICKASAW DR STARKVILLE, MS 39759	82-2064693	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE NATIONAL CRITTENTON FOUNDATION 610 SW ALDER STREET, SUITE 215 PORTLAND, OR 97205	54-0505932	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
THE NOUVEAU CLASSICAL PROJECT 435 W 57TH ST 3L NEW YORK, NY 10019	27-3869286	501(C)(3)	12,500.	0.			BAS (WORKING TITLE)
THE POPULATION COUNCIL, INC. ONE DAG HAMMARSKJOLD PLAZA, 3RD FLO NEW YORK, NY 10017	13-1687001	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES INC. - 2355 CENTRAL AVENUE, SUITE C - MCKINLEYVILLE, CA 95519	68-0027247	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
THE WOMEN'S FOUNDATION OF COLORADO INC - 1901 E. ASBURY AVE. #310 - DENVER, CO 80210	84-1039305	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THIRD SECTOR NEW ENGLAND INC. LINCOLN PLAZA 89 SOUTH ST NO 70 BOSTON, MA 02111	04-2261109	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
THIRD WORLD NEWSREEL 545 EIGHTH AVE, STE 550 NEW YORK, NY 10018	13-2624257	501(C)(3)	7,000.	0.			SLUMLORD MILLIONAIRE
TIDES CENTER PO BOX 399385 SAN FRANCISCO, CA 94139	94-3213100	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
US GIVING RICHMOND CONNECTIONS INC 503 FOURQUREAN LN RICHMOND, VA 23222	82-5094302	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
VITA STORY CLUB DLA PIPER 1251 AVE OF THE AMERICAS NEW YORK, NY 10020	84-3516287	501(C)(3)	10,000.	0.			NYC LEGACY PROJECT: MAKING CHANGE ACROSS GENERATIONS
WASHINGTON AREA WOMEN'S FOUNDATION, INC. - 1331 H STREET, NW, SUITE 1000 - WASHINGTON, DC 20005	52-2028612	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA - 3700 BUTLER STREET, STUDIO C - PITTSBURGH, PA 15201	74-3055311	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WOMEN WIN FOUNDATION INC 44 HALIFAX STREET JAMAICA PLAIN, MA 02130	26-4645645	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
WOMEN WITH A VISION 1226 NORTH BROAD ST NEW ORLEANS, LA 70119	72-1202185	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
WOMEN'S FOUNDATION FOR A GREATER MEMPHIS - 40 S. MAIN ST., STE. 2280 - MEMPHIS, TN 38103	58-2207247	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WOMEN'S FOUNDATION OF MINNESOTA 105 FIFTH AVE S., STE. 300 MINNEAPOLIS, MN 55401	41-1635761	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WOMEN'S FUND OF GREATER BIRMINGHAM 2201 5TH AVENUE SOUTH, SUITE 110 BIRMINGHAM, AL 35233	45-0952468	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	10,000.	0.			GENERAL OPERATING SUPPORT
YOUNG WOMEN'S FREEDOM CENTER 832 FOLSOM STREET, SUITE 700 SAN FRANCISCO, CA 94107	94-3227681	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
YOUTH RISE TEXAS, INC. 1910 EAST MLK JR. BLVD. AUSTIN, TX 78702	83-0663313	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
SOUTHERN VISION ALLIANCE 1410 WEST CHAPEL HILL ST. DURHAM, NC 94610	61-1639641	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH STREET STE 1 TUSCON, AZ 85713	52-2094677	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SOUTHERN OPPORTUNITY AND RESILIENCE FUND LLC - 1825 K STREET NW, SUITE 1100 - WASHINGTON, DC 20006			250,000.	0.			A PARTNERSHIP OF CDFIS TO ADDRESS THE CAPITAL NEEDS OF HISTORICALLY DISENFRANCHISED
UNITY COALITION 831 9TH STREET MIAMI BEACH, FL 33139	26-3327254	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT

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):

(H) PURPOSE OF GRANT OR ASSISTANCE: A PARTNERSHIP OF CDFIS TO ADDRESS THE CAPITAL NEEDS OF HISTORICALLY DISENFRANCHISED COMMUNITIES BLACK, LATINX AND FEMALE ENTREPRENEURS IN THE SOUTH AND SOUTHEAST U.S.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

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) 2020

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

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

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

(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)	244,495.	0.	0.	5,985.	33,768.	284,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROSALYN LEE VP, STRATEGY & PROGRAMS	(i)	189,761.	0.	0.	5,850.	37,457.	233,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROSINA BARBA COO	(i)	204,419.	0.	0.	5,923.	13,707.	224,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RUTH MCFARLANE VP, ADVANCEMENT	(i)	195,000.	0.	0.	1,463.	1,492.	197,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELLEN LIU DIR., CAPACITY BLD & LEARNING	(i)	129,092.	0.	0.	4,176.	49,962.	183,230.	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)							

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.

Lined area for providing supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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	7	30,667.	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 V, 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? **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? **X**

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

b If "Yes," describe in Part II.

33 If the organization 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
33		

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

Schedule M (Form 990) 2020

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

2020

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:

PLAN TO INVEST IN AND SUPPORT MOVEMENT LEADERS AND SOCIAL JUSTICE
INFRASTRUCTURE. THE FOUNDATION LAUNCHED THE MS. SOUTH PORTFOLIO, A
MULTI-YEAR GRANTMAKING STRATEGY TO SUPPORT THE SUSTAINABILITY AND
LEADERSHIP OF ORGANIZATIONS LED BY WOMEN AND GIRLS OF COLOR (WGO) IN
THE SOUTHERN REGION OF THE UNITED STATES. THE MS. SOUTH STRATEGY
COMPLEMENTS THE OTHER GRANTMAKING EFFORTS (ACTIVIST COLLABORATION FUND,
AND THE GIRLS OF COLOR AND BUILDING CONNECTIONS INITIATIVES) OF THE
FOUNDATION. THE FOUNDATION ALSO HOSTS DONOR ADVISED FUNDS INCLUDING THE
OMA FUND, ASIAN WOMEN GIVING CIRCLE, AND GLORIA FUND.

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

OF EARLY FEMINISM TO INCLUDE WOMEN OF COLOR AND STRATEGIES THAT HAVE
CHANGED TO BE MORE INCLUSIVE.

OUR PUBLIC EDUCATION EFFORTS WORK TO CHANGE THE DOMINANT NARRATIVE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

MS FOUNDATION FOR WOMEN, INC

Employer identification number

23-7252609

AROUND OUR CORE ISSUES AND THE ISSUES OF GRANTEEES 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 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 2020.

Name of the organization

MS FOUNDATION FOR WOMEN, INC

Employer identification number

23-7252609

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 2020.

BOTH THE CEO'S AND VP'S COMPENSATION WAS APPROVED BY THE BOARD MEMBERS AND DOCUMENTED IN THE MINUTES.

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 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	701,972.
MANAGEMENT AND GENERAL EXPENSES	194,155.
FUNDRAISING EXPENSES	397,526.

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

TOTAL EXPENSES 1,293,653.

RECRUITMENT:

PROGRAM SERVICE EXPENSES 875.

MANAGEMENT AND GENERAL EXPENSES 736.

FUNDRAISING EXPENSES 319.

TOTAL EXPENSES 1,930.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,295,583.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE-OFF OF UNCOLLECTIBLE PLEDGES -20,500.

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.