

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

MS FOUNDATION FOR WOMEN, INC
1 WILLOUGHBY SQUARE 2000
BROOKLYN, NY 11201

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
500 MAMARONECK AVENUE, SUITE 301
HARRISON, NY 10528-1633

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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

Form **990**

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)

2021

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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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 1 WILLOUGHBY SQUARE 2000 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 \$ 25,997,760. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FORWOMEN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1972
		M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO BUILD WOMEN'S COLLECTIVE POWER IN THE U.S. TO ADVANCE EQUITY AND JUSTICE FOR ALL.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	28
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-20,645.
	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 23,271,497.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,444,895.	2,345,465.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-36,951.	-208,765.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,679,441.	14,324,349.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,836,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,122,303.	3,258,971.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	150,000.	43,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,301,676.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,118,378.	3,820,122.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,227,181.	12,409,698.
	19	Revenue less expenses. Subtract line 18 from line 12	14,452,260.	1,914,651.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 69,143,480.	End of Year 62,619,698.
	21	Total liabilities (Part X, line 26)	2,634,937.	3,331,463.
	22	Net assets or fund balances. Subtract line 21 from line 20	66,508,543.	59,288,235.

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 TERESA YOUNGER, PRESIDENT/CEO 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 01/25/23	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN ▶ 87-3231666	Firm's address ▶ 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633		
			Phone no. 914-381-8900		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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. 1 WILLOUGHBY SQUARE, 2000	
	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 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
Form 990-T (corporation)	07		

RUSSATTA BUFORD, COO

- The books are in the care of ▶ **1 WILLOUGHBY SQUARE, 2000 - 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 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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-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-TE and Form 8879-TE for payment instructions.

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 \$ 7,898,184. including grants of \$ 5,287,605.) (Revenue \$ 0.)

GRANTMAKING AND CAPACITY BUILDING: DURING THE 2022 FISCAL YEAR, THE FOUNDATION PROVIDED GENERAL OPERATING SUPPORT FOR MORE THAN 125 GRANTEE PARTNERS THROUGHOUT THE UNITED STATES AND US TERRITORIES AND HELPED ADVANCE A WIDE-RANGE OF PROJECTS THAT WORK TO END GENDER VIOLENCE, IMPROVE ECONOMIC SECURITY, PROMOTE HEALTH EQUITY, AND MORE. THE SUPPORT OF OUR GRANTMAKING EFFORTS INCLUDES STRATEGIES THAT ARE NEW, CREATIVE AND RESPONSIVE TO OUR PARTNERS MOVEMENT SPACES.

THIS YEAR'S FUNDING IS AN INCREASE OVER PAST YEARS 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 (WGO), INCLUDING TRANS AND NON-BINARY PEOPLE. WITH 90%

4b (Code:) (Expenses \$ 1,291,847. 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. WHILE COVID-19 WAS STILL EVIDENT, OUR EFFORTS TO ENGAGE THE PUBLIC MEANT MORE ZOOM WHICH EXTENDED OUR REACH MORE BROADLY AND USING ALL MEDIA TOOLS TO EXTEND OUR REACH. WE CONTINUED TO PARTNER WITH COMMUNITY AND PROMOTE LEARNINGS WITH THE BROOKLYN PUBLIC LIBRARY AND

4c (Code:) (Expenses \$ 4,597. 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.

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

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

4e Total program service expenses 9,194,628.

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> ? See instructions	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 Rev. Proc. 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> See instructions	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 the 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 line 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 on 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 on 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 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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 on 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 on 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 **RUSSATTA BUFORD, COO - (212) 742-2300**
1 WILLOUGHBY SQUARE, 2000, 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERESA YOUNGER PRESIDENT/CEO	40.00			X				297,104.	0.	36,277.
(2) ROSINA BARBA COO	40.00			X				218,590.	0.	18,835.
(3) RUTH MCFARLANE VP, ADVANCEMENT	40.00				X			207,500.	0.	7,228.
(4) ROSALYN LEE FORMER VP, STRATEGY & DEV.	0.00						X	162,871.	0.	34,956.
(5) ELLEN LIU VP, GRANTMAKING & CAPACITY BUILDING	40.00					X		139,178.	0.	49,245.
(6) CAMILLE KENNEDY SR. DIR., ADVANCEMENT STRATEGY	40.00					X		155,987.	0.	26,942.
(7) ANNA MARTINEZ DIR., FINANCE AND ADMIN	40.00					X		111,380.	0.	40,054.
(8) STEPHANIE BLACKWOOD SR. DIR., ENGAGEMENT & MAJOR GIFTS	40.00					X		130,081.	0.	19,475.
(9) SHAWNDA CHAPMAN DIR., GIRLS FUND INITIATIVE	40.00					X		107,999.	0.	21,778.
(10) ALICIA LARA CHAIR	3.00	X		X				0.	0.	0.
(11) JENNA SCANLAN VICE CHAIR	2.00	X		X				0.	0.	0.
(12) DANIELLE MOODIE SECRETARY	2.00	X		X				0.	0.	0.
(13) YING LING LEUNG TREASURER	2.00	X		X				0.	0.	0.
(14) ANGELA GLOVER BLACKWELL DIRECTOR (THRU 11/2021)	1.00	X						0.	0.	0.
(15) ALEX BUSANSKY DIRECTOR	1.00	X						0.	0.	0.
(16) CANDI CASTLEBERRY DIRECTOR	1.00	X						0.	0.	0.
(17) GWEN CHAPMAN 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WADE DAVIS DIRECTOR	1.00	X						0.	0.	0.
(19) LAUREN EMBREY DIRECTOR	1.00	X						0.	0.	0.
(20) CHARLINE GIPSON DIRECTOR	1.00	X						0.	0.	0.
(21) CATHIE HARTNETT DIRECTOR	1.00	X						0.	0.	0.
(22) SUZANNE LERNER DIRECTOR	1.00	X						0.	0.	0.
(23) RENE REDWOOD DIRECTOR	1.00	X						0.	0.	0.
(24) RINKU SEN DIRECTOR	1.00	X						0.	0.	0.
(25) PAMELA SHIFMAN DIRECTOR	1.00	X						0.	0.	0.
(26) CATHERINE YELVERTON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,530,690.	0.	254,790.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,530,690.	0.	254,790.

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? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GRAYSTONE CONSULTING, 227 WEST MONROE STREET, SUITE 34, CHICAGO, IL 60606	INVESTMENT MANAGEMENT FEES	313,157.
PURPLECARD HOLDINGS, LLC, 225 W. 35TH STREET, SUITE 1500, NEW YORK, NY 10001	IT MAINTENANCE	213,597.
THE DESIGN AND BRANDING COMPANY, INC 40 WATER STREET FL 4, NEW YORK, NY 10004	SOCIAL MEDIA MANAGEMENT	159,500.
STAMP EVENT MANAGEMENT LLC, 276 5TH AVE, SUITE 704 #710, NEW YORK, NY 10001	EVENT MANAGEMENT	154,612.
BIG DUCK, 123 7TH AVENUE PO BOX 223, BROOKLYN, NY 11215	COMMUNICATION CONSULTING	119,529.

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 **6**

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	374,430.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,813,219.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 96,935.				
	h Total. Add lines 1a-1f			12,187,649.			
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)		1,419,162.		-20,645.	1439807.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	98,000.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	98,000.				
	d Net rental income or (loss)			98,000.		98,000.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	12,214,614.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	11,288,311.				
	c Gain or (loss)	7c	926,303.				
d Net gain or (loss)			926,303.		926,303.		
8 a Gross income from fundraising events (not including \$ 374,430. of contributions reported on line 1c). See Part IV, line 18	8a		67,850.				
b Less: direct expenses	8b	385,100.					
c Net income or (loss) from fundraising events			-317,250.		-317,250.		
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	10,485.		10,485.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			10,485.			
12 Total revenue. See instructions			14,324,349.	0.	-20,645.	2157345.	

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 ...	5,287,605.	5,287,605.		
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	799,239.	532,909.	131,993.	134,337.
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	1,820,417.	995,913.	442,598.	381,906.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,618.	4,648.	3,596.	3,374.
9 Other employee benefits	419,768.	169,860.	170,921.	78,987.
10 Payroll taxes	207,929.	132,903.	40,866.	34,160.
11 Fees for services (nonemployees):				
a Management				
b Legal	92,811.	14,563.	47,487.	30,761.
c Accounting	39,400.		39,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	43,000.			43,000.
f Investment management fees	332,743.		332,743.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,609,137.	1,205,126.	148,005.	256,006.
12 Advertising and promotion				
13 Office expenses	254,494.	117,256.	78,929.	58,309.
14 Information technology	237,912.	138,275.	52,480.	47,157.
15 Royalties				
16 Occupancy	696,982.	360,161.	187,043.	149,778.
17 Travel	132,372.	28,118.	48,539.	55,715.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	63,402.	22,395.	32,558.	8,449.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,581.		81,581.	
23 Insurance	56,279.		56,279.	
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 OUTSIDE EVENTS/CHARITAB	140,262.	130,006.	5,256.	5,000.
b REPAIRS & MAINTENANCE	43,788.	22,805.	11,810.	9,173.
c CONVENINGS	24,804.	24,524.		280.
d OTHER EXPENSES	9,571.	7,561.	1,252.	758.
e All other expenses	4,584.		58.	4,526.
25 Total functional expenses. Add lines 1 through 24e	12,409,698.	9,194,628.	1,913,394.	1,301,676.
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	16,897,003.	2	9,305,872.
	3 Pledges and grants receivable, net	5,339,996.	3	3,143,162.
	4 Accounts receivable, net	5,792.	4	3,792.
	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	122,455.	9	190,716.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,112,557.		
	b Less: accumulated depreciation	10b 1,933,539.		
	11 Investments - publicly traded securities	44,085,250.	11	42,614,133.
	12 Investments - other securities. See Part IV, line 11	2,295,816.	12	6,644,285.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	218,932.	15	538,220.
16 Total assets. Add lines 1 through 15 (must equal line 33)	69,143,480.	16	62,619,698.	
Liabilities	17 Accounts payable and accrued expenses	330,823.	17	195,410.
	18 Grants payable	2,233,769.	18	3,112,605.
	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	70,345.	25	23,448.
	26 Total liabilities. Add lines 17 through 25	2,634,937.	26	3,331,463.
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	13,173,750.	27	17,231,452.
	28 Net assets with donor restrictions	53,334,793.	28	42,056,783.
	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	66,508,543.	32	59,288,235.
	33 Total liabilities and net assets/fund balances	69,143,480.	33	62,619,698.

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	14,324,349.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,409,698.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,914,651.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,508,543.
5	Net unrealized gains (losses) on investments	5	-9,112,459.
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	-22,500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	59,288,235.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8189122.	10599959.	2945113.	23271497.	12187649.	57193340.
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	8189122.	10599959.	2945113.	23271497.	12187649.	57193340.
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)						19038770.
6 Public support. Subtract line 5 from line 4.						38154570.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8189122.	10599959.	2945113.	23271497.	12187649.	57193340.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	759,279.	834,735.	842,128.	1229005.	1537807.	5202954.
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.)	3,923.	18,152.	24,459.	25,892.	10,485.	82,911.
11 Total support. Add lines 7 through 10						62479205.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	61.07 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	63.42 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

2017 AMOUNT: \$ 3,923.

2018 AMOUNT: \$ 18,152.

2019 AMOUNT: \$ 24,459.

2020 AMOUNT: \$ 25,892.

2021 AMOUNT: \$ 10,485.

Multiple horizontal lines for providing additional information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,869,961.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,153,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,000,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>504,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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
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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) 2021

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)														
d	Other exempt purpose expenditures	10,775,279.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,775,279.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	688,764.													
<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)	172,191.													
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	487,257.	516,926.	626,815.	688,764.	2,319,762.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,479,643.
c Total lobbying expenditures	183,050.	125,000.			308,050.
d Grassroots nontaxable amount	121,814.	129,232.	156,704.	172,191.	579,941.
e Grassroots ceiling amount (150% of line 2d, column (e))					869,912.
f Grassroots lobbying expenditures	94,550.	100,000.			194,550.

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
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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and enforcement questions (Yes/No).

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.

Form with sections 1a-1b and 2. 1a: Text of footnote for public service. 1b: Amounts for art collections. 2: Amounts for art collections for financial gain.

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	41,881,508.	35,846,227.	33,918,459.	34,697,870.	33,640,491.
b Contributions	5,586,322.				6,745.
c Net investment earnings, gains, and losses	-6,304,783.	8,225,930.	3,725,877.	1,029,285.	2,845,333.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,590,000.	1,965,000.	1,530,000.	1,495,000.	1,450,000.
f Administrative expenses	304,505.	225,649.	268,109.	313,696.	344,699.
g End of year balance	39,268,542.	41,881,508.	35,846,227.	33,918,459.	34,697,870.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 14.6040 %
 - b Permanent endowment 62.7971 %
 - c Term endowment 22.5990 %
- 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		1,347,728.	1,255,061.	92,667.
d Equipment		764,829.	678,478.	86,351.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				179,018.

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) ALTERNATIVE INVESTMENTS	6,644,285.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,644,285.	

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	23,448.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,448.

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	4,957,348.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-9,112,459.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	78,201.	
e	Add lines 2a through 2d	2e		-9,034,258.
3	Subtract line 2e from line 1	3		13,991,606.
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	332,743.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		332,743.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		14,324,349.

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	12,177,656.
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	100,701.	
e	Add lines 2a through 2d	2e		100,701.
3	Subtract line 2e from line 1	3		12,076,955.
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	332,743.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		332,743.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		12,409,698.

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 2020.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF SPECIAL EVENT EXPENSES TO PART VIII, LINE 8B 78,201.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF SPECIAL EVENT EXPENSES TO PART VIII, LINE 8B 78,201.

WRITE-OFF OF UNCOLLECTIBLE PLEDGES 22,500.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 100,701.

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	442,280.		442,280.
	2	Less: Contributions	374,430.		374,430.
	3	Gross income (line 1 minus line 2)	67,850.		67,850.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	128,676.		128,676.
	7	Food and beverages	8,048.		8,048.
	8	Entertainment			
	9	Other direct expenses	248,376.		248,376.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-317,250.

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: LKA FUNDRAISING & COMMUNICATIONS INC.

(I) ADDRESS OF FUNDRAISER:

4800 S MACADAM AVENUE, SUITE 240, PORTLAND, OR 97239

PART I, LINE 2B, COLUMN (V):

THE AGREEMENT PROVIDES FOR EIGHT MONTHS OF PAYMENT FOR SERVICES AT A FLAT RATE OF \$43,000 BILLED IN TWO SEPARATE PAYMENTS. ADDITIONALLY, THE

Part IV Supplemental Information *(continued)*

AGREEMENT PROVIDES FOR PAYMENT AT THE RATE OF \$120 PER HOUR FOR GRAPHICS SERVICES - BILLED AT NET 30 DAYS. THE AGREEMENT SEPARATELY PROVIDES FOR THE REIMBURSEMENT OF TRAVEL AND OTHER REASONABLE BUSINESS EXPENSES.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A LONG WALK HOME, INC. 1658 N MILWAUKEE AVE, STE104 CHICAGO, IL 60647	30-0053613	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
A WOMAN'S WAY, INC. 139 SHARON TOWNSHIP LANE, SUITE 504 CHARLOTTE, NC 28211	46-0870725	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTICE - 71-07 WOODSIDE AVE - WOODSIDE, NY 11377	20-3384725	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
AFRICAN BUREAU OF IMMIGRATION AND SOCIAL AFFAIRS - 1446 WEST EUCLID - DETROIT, MI 48206	47-4386750	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
AFRORESISTANCE, INC. 409 MORRIS PARK AVE BRONX, NY 10460	20-0440935	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ALABAMA COALITION FOR IMMIGRANT JUSTICE - 1826 6TH AVENUE SOUTH - IRONDALE, AL 35210	47-4352872	501(C)(3)	100,000.	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 **▶ 0.**

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

Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA COHOSH COLLABORATIVE PO BOX 22521 HUNTSVILLE, AL 35814	84-2997771	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
ALABAMA JUSTICE INITIATIVE 2012 26TH AVENUE NORTH BIRMINGHAM, AL 35234	83-2673378	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE OF FAMILIES FOR JUSTICE 8 W. 126TH ST., FL. 3 NEW YORK, NY 10027	82-1971330	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ALLIED MEDIA PROJECTS INC 4126 THIRD ST. DETROIT, MI 48201	01-0559608	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT
BEAUTY MARKS 525 BENS CREEK ROAD WOODRUFF, SC 29388	82-5487846	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
BIRTH FROM THE EARTH INC 15 LIVINGSTON AVENUE YONKERS, NY 10705	84-1905228	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
BIRTH IN COLOR RVA 13805 VILLAGE MILL DR., STE 201 MIDLOTHIAN, VA 23114	83-3221701	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
BIRTHING BEAUTIFUL COMMUNITIES 1464 E 105TH ST, SUITE 202 CLEVELAND, OH 44106	47-4453278	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
BLACK AND PINK, INC. 2406 FOWLER AVE, SUITE 316 OMAHA, NE 68111	27-3930676	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK BELT COMMUNITY FOUNDATION, INC. - PO BOX 2020 - SELMA, AL 36702	63-1270745	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
BLACK DOULAS FOR BLACK MAMAS LLC 2900 W. ANDERSON LANE, SUITE C200-3 AUSTIN, TX 78757	82-5265336	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
BLACK SWAN ACADEMY, INC. 104 MICHIGAN AVENUE NE WASHINGTON, DC 20017	46-4244374	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
BLACK TRANSWOMEN, INC. PO BOX 118282 CARROLLTON, TX 75011	81-1285146	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
BLACK WOMEN RISING 4882 SILVER OAK STREET DAYTON, OH 45424	83-1904410	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BREATH OF MY HEART BIRTHPLACE 905 CALLE ARMADA ESPANOLA, NM 87532	46-2669219	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT - 9800 S. LA CIENEGA BLVD., SUITE 905 - LOS ANGELES, CA 90301	95-4702923	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR PARTICIPATORY CHANGE, INC. - 610 HAYWOOD RD - ASHEVILLE, NC 28806	56-2126417	501(C)(3)	110,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET, 22 FL NEW YORK, NY 10038	13-3669731	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO VOLUNTEER DOULAS, INC. P.O. BOX 5851 CHICAGO, IL 60680	27-3636022	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN'S DEFENSE FUND P.O. BOX 11437 JACKSON, MS 39283	52-0895622	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
CHOCOLATE SOUL REVIVAL, INC. 6 THORTON CT DURHAM, NC 27703	85-3706399	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703	47-5567396	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
CRECIENDO JUNTOS 1740 BROADWAY ST., BOX #11 CHARLOTTESVILLE, VA 22902	47-2806836	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
DESERT STAR INSTITUTE FOR FAMILY PLANNING, INC. - 5501 N 19TH AVE, SUITE 420 - PHOENIX, AZ 85015	82-1523284	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
DESTINY BRIDGE BUILDERS 10724 GESSNER HOUSTON, MD 77071	76-0625229	501(C)(3)	8,000.	0.			PROJECT SUPPORT - BLACK AND ASIAN FEMINIST SOLIDARITIES
DR. SHALON MATERNAL ACTION PROJECT, INC. - 354 THE CHACE - SANDY SPRINGS, GA 30328	84-3927844	501(C)(3)	115,000.	0.			GENERAL OPERATING SUPPORT
ELEPHANT CIRCLE 3218 VALLEJO STREET DENVER, NM 80211	47-1648218	501(C)(3)	75,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPOWERMENT, INC. PO BOX 32263 CHARLOTTE, NC 28269	46-1450960	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
EQUALITY MICHIGAN 19641 WEST SEVEN MILE ROAD DETROIT, MI 48219-2721	38-2556668	501(C)(3)	80,000.	0.			GENERAL OPERATING SUPPORT
EQUITY BEFORE BIRTH 112 BROADWAY ST., SUITE B DURHAM, NC 27701	85-2675630	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
EROTIC SERVICE PROVIDER LEGAL EDUCATIONAL AND RESEARCH PROJECT - 2261 MARKET ST., # 548 - SAN FRANCISCO, CA 94114	27-2049888	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ESPERANZA PEACE AND JUSTICE CENTER 922 SAN PEDRO AVE SAN ANTONIO, TX 78204	74-2419582	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
EVERYBLACKGIRL, INC. 2301 HIGH STREET COLUMBIA, MD 29203	81-2865134	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
F&L ORGANIZATIONAL SUPPORT SERVICES, INC. - 2022 ST BERNARD AVENUE, SUITE 233 - NEW ORLEANS, LA 70116	47-3451951	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FAMILIES AND FRIENDS OF LOUISIANA'S INCARCERATED CHILDREN - P.O. BOX 56877 - NEW ORLEANS, LA 70156	20-5924561	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
FAMILIES FOR JUSTICE AS HEALING, INC. - 100R WARREN ST - ROXBURY, MA 02119	45-4148974	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEMINIST MAJORITY FOUNDATION 433 SOUTH BEVERLY DRIVE BEVERLY HILLS, CA 90212	54-1426440	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
FISCAL SPONSORSHIP ALLIES, INC. 9100 PURDUE RD, STE 115 INDIANAPOLIS, IN 46268	85-0839183	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
FIVE MYLES, INC. 558 ST JOHNS PL BROOKLYN, NY 11238	13-4078810	501(C)(3)	8,000.	0.			PROJECT SUPPORT - GATHERING
FREEDOM CENTER FOR SOCIAL JUSTICE 4921 ALBEMARLE ROAD, SUITE 201 CHARLOTTE, NC 28205	45-4000599	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
FUND FOR THE CITY OF NEW YORK, INC. - 121 SIXTH AVE, 6TH FLOOR - NEW YORK, NY 10013	13-2612524	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
GARMENT WORKER CENTER 1250 S. LOS ANGELES ST., SUITE 213 LOS ANGELES, CA 90015	81-0622327	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
GEORGETOWN UNIVERSITY 600 NEW JERSEY AVENUE NW WASHINGTON, DC 20001	53-0196603	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
GRASSROOTS COMMUNITY FOUNDATION, INC. - 59 MAIN STREET - WEST ORANGE, NJ 07052	45-2564107	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
HEALING TO ACTION NFP 332 S. MICHIGAN AVE., LOWER SUITE H CHICAGO, IL 60604	81-4546742	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH AND MEDICINE POLICY RESEARCH GROUP - 29 E MADISON ST., STE 602 - CHICAGO, IL 60602	36-3143826	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
HEALTHCONNECT ONE 1436 W RANDOLPH ST CHICAGO, PR 60607	36-4028076	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
HEART WOMEN & GIRLS PROJECT 3473 S MARTIN LUTHER KING DR, #192 CHICAGO, IL 60616	27-3625796	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
HELPING EVERYONE RECEIVE ONGOING EFFECTIVE SUPPORT - PO BOX 1258 - COLUMBIA, LA 71418	72-1446886	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
HOLISTIC BIRTH COLLECTIVE NFP 6172 S UNIVERSITY AVE, STE 107 CHICAGO, IL 60637	86-1652494	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
IBIS REPRODUCTIVE HEALTH, INC. 2067 MASSACHUSETTS AVENUE, SUITE 32 CAMBRIDGE, MA 02140	03-0382773	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
INDEPENDENT ARTS & MEDIA PO BOX 420442 SAN FRANCISCO, CA 94142	94-3355076	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
JUSTICE FOR MIGRANT WOMEN 414 13TH STREET, SUITE 200 OAKLAND, OH 94612	83-3607138	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
KENTUCKY HEALTH JUSTICE NETWORK, INC. - PO BOX 4761 - LOUISVILLE, KY 40204	27-1246514	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES FOR PRISONERS WITH CHILDREN - 4400 MARKET STREET - OAKLAND, CA 94608	94-3080408	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
LESBIAN HEALTH INITIATIVE OF HOUSTON TEXAS - 401 BRANARD SREET - HOUSTON, TX 77006	76-0438911	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
LIFE AFTER 2 LOSSES, INC. 50 COLUMBIA STREET, APT 3H NEWARK, NJ 07102	87-1485652	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
MIDWEST ACCESS COALITION P.O. BOX 408363 CHICAGO, IL 60640	47-2160168	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
MILWAUKEE LGBT COMMUNITY CENTER, INC - 315 WEST COURT ST - MILWAUKEE, WI 53212	39-1893808	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
MONSOON ASIANS AND PACIFIC ISLANDERS IN SOLIDARITY - 4944 FRANKLIN AVENUE, SUITE B - DES MOINES, CA 50310	35-2297207	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
NARRATIVE NATION, INC. 48 LONGSHORE ST BAY SHORE, NY 11706	82-3760872	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL BLACK JUSTICE COALITION, INC. - PO BOX 71395 - WASHINGTON, DC 20024	20-0667808	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR CIVIC INNOVATION, INC. - 121 6TH AVENUE - NEW YORK, NY 10013	02-0590588	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH, INC. - 14 WALL ST., STE 3B - NEW YORK, NY 10005	13-3030257	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL KOREAN AMERICAN SERVICE AND EDUCATION CONSORTIUM, INC. - 4300 N. CALIFORNIA AVE - CHICAGO, VA 60618	11-3303986	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DR., PMB 16009 BEAVERTON, OR 97008	04-3236982	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL NETWORK OF ABORTION FUNDS 115 MARTIN LUTHER KING JR DRIVE ATLANTA, GA 30303	47-3813101	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
NATIONZ FOUNDATION, INC. 4794 FINLAY STREET, STE 1 RICHMOND, VA 23231	47-3964152	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NATIVE ACTION NETWORK 815 FIRST AVENUE, #113 SEATTLE, WA 98104	27-0884032	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NATIVE AMERICAN COMMUNITY BOARD PO BOX 572 LAKE ANDES, SD 57356	46-0392867	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
NEO PHILANTHROPY, INC. 45 WEST 36TH ST., 6TH FLOOR NEW YORK, TN 10018	13-3191113	501(C)(3)	125,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VENTURE FUND 1828 L STREET NW, SUITE 300-A WASHINGTON, DC 20036	20-5806345	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
NEW YORK CITY PARENTS OF LESBIANS AND GAY MEN, INC. - 130 E. 25TH STREET, STE. M1 - NEW YORK CITY, NY 10010	13-3049626	501(C)(3)	8,000.	0.			PROJECT SUPPORT - API LGBTQ MULTIMEDIA PROJECT: INTERGENERATIONAL CONVERSATION & HEALING
NEW YORK UNIVERSITY 105 EAST 17TH ST., 4TH FL NEW YORK, NY 10003	13-5562308	501(C)(3)	8,000.	0.			PROJECT SUPPORT - ARCHIVE AS MEMORIAL EXHIBITION
NEWBURGH LGBTQIA CENTER 2427 MORRIS AVE BRONX, NY 10468	82-3338305	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NOEL ALEXANDRIA FOUNDATION 8200 STOCKDALE HWY., STE. M10-344 BAKERSFIELD, CA 93311	83-1927303	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
NURSES FOR SEXUAL AND REPRODUCTIVE HEALTH - 2395 UNIVERSITY AVENUE WEST, SUITE 312 - SAINT PAUL, MN 55114	27-0560247	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
OPERATION RESTORATION 1450 POYDRAS ST., SUITE 2260 NEW ORLEANS, NC 70112	61-1791941	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ORLEANS PUBLIC EDUCATION NETWORK P.O. BOX 791312 NEW ORLEANS, LA 70119	80-0378257	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
PALMETTO AIDS LIFE SUPPORT SERVICES - 2638 TWO NOTCH RD, SUITE 108 - COLUMBIA, SC 29204	57-0841427	501(C)(3)	125,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALMETTO YOUTH CONNECTION 4041 HIGHLAND PARK DR COLUMBIA, SC 29204	26-1402263	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT
PEACE DEVELOPMENT FUND, INC. PO BOX 1280 AMHERST, CA 01004-1280	04-2738794	501(C)(3)	65,000.	0.			GENERAL OPERATING SUPPORT
PERINATAL HEALTH EQUITY FOUNDATION 280 S. HARRISON ST, SUITE 311 EAST ORANGE, NJ 07018	82-4815853	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
PROJECT MOTHERPATH, INC. 16821 NE 6 AVENUE NORTH MIAMI BEACH, NY 33162	45-3192870	501(C)(3)	36,605.	0.			GENERAL OPERATING SUPPORT
PROVIDE, INC. P.O. BOX 8265 ROUND ROCK, TX 78683	04-3298538	501(C)(3)	85,000.	0.			GENERAL OPERATING SUPPORT
PU'A FOUNDATION P.O. BOX 11025 HONOLULU, HI 96828	99-0328687	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
RAINIER VALLEY CORPS 1225 S. WELLER ST., SUITE 400 SEATTLE, WA 98144	47-4257834	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
RESIST, INC. PO BOX 301240 BOSTON, MA 02130	04-2433182	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
RESTORING OUR OWN THROUGH TRANSFORMATION - 118 E. MAIN ST., FL. 2 - COLUMBUS, OH 43215	82-1964469	501(C)(3)	50,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOAPBOX - THE FEMINIST FOUNDATION PO BOX 25431 BROOKLYN, NY 11202	46-4146072	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS, INC. - 23564 CALABASAS ROAD, SUITE 201 - CALABASAS, LA 91302	95-4116679	501(C)(3)	90,000.	0.			GENERAL OPERATING SUPPORT
SOMOS FAMILIA PO BOX 16058 OAKLAND, CA 94610	81-4019488	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SOUTHERN BIRTH JUSTICE NETWORK 1835 NE 185TH ST., #472 NORTH MIAMI BEACH, FL 33179	61-1565139	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
ST. JAMES INFIRMARY 730 POLK STREET, 4TH FLOOR SAN FRANCISCO, CA 94109	94-3330568	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
TEEN HEALTH MISSISSIPPI 125 S CONGRESS STREET, SUITE 1330 JACKSON, MS 39201	82-2026676	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION - 3310 EZELL RD - NASHVILLE, TN 37211	20-0121100	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
THE BEAUTIFUL PROJECT. INC. 411 W CHAPEL HILL ST., SUITE B12 DURHAM, NC 27701	45-4724894	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
THE BLACK DOULA PROJECT, INC. 29 GOODPORT CT GAITHERSBURG, MD 20878	85-2089221	501(C)(3)	25,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HIVE COMMUNITY CIRCLE 505 MAHONIA RD ELGIN, SC 29045	47-0992295	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
THE HUE COLLECTIVE, INC. PO BOX 658 LAKE HELEN, FL 32744	83-4477575	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
THE LADIES OF HOPE MINISTRIES, INC. - 8 WEST 126TH STREET - NEW YORK, NY 10027	83-2249413	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
THE NATIONAL COUNCIL FOR INCARCERATED AND FORMERLY INCARCERATED WOMEN AND GIRLS - 100R WARREN STREET - BOSTON, MA	81-3980673	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
THE NATIONAL CRITTENTON FOUNDATION 610 SW ALDER STREET, SUITE 215 PORTLAND, OR 97205	54-0505932	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
THE ORDINARY PEOPLE SOCIETY 403 W POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
THE PRAXIS PROJECT, INC. PO BOX 7259 OAKLAND, TN 94601	30-0044814	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
THE REACHING AND EDUCATING FOR COMMUNITY HOPE FOUNDATION - P.O. BOX 10740 - JACKSON, MS 39289-0740	84-1709644	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
THE UNIVERSITY OF CONNECTICUT FOUNDATION, INC - 2390 ALUMNI DRIVE, UNIT 3206 - STORRS, CT 06269	06-6070722	501(C)(3)	25,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE W.O.W. PROJECT, INC. 26 MOTT ST. NEW YORK, NY 10013	85-3155239	501(C)(3)	8,000.	0.			PROJECT SUPPORT - SOLIDARITY FOREVER
THEATRE OF THE OPPRESSED NYC 758 8TH AVE, SUITE 300 NEW YORK, NY 10036	45-4815944	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
THIRD SECTOR NEW ENGLAND, INC. 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
TIDES CENTER 1012 TORNEY AVE. SAN FRANCISCO, NY 94129	94-3213100	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
TOOLS & TIARAS, INC. 155-03 JAMICA AVE, 2ND FLOOR JAMAICA, NY 11432	82-1675434	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TRANSGENDER ADVOCATES KNOWLEDGEABLE EMPOWERING - 7769 2ND AVE S - BIRMINGHAM, AL 35206	85-0702039	501(C)(3)	145,000.	0.			GENERAL OPERATING SUPPORT
TRANSGENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612	05-0544006	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
TRANSGENDER, GENDER VARIANT, INTERSEX JUSTICE PROJECT - 370 TURK ST., #370 - SAN FRANCISCO, CA 94102	85-3693121	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 1255 AMSTERDAM AVE - NEW YORK, NY 10027	13-5598093	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TTAWAXT BIRTH JUSTICE CENTER 71 MCKEE RD SELAH, WA 98942	84-2803522	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
UNIONDOCS, INC. 322 UNION AVE BROOKLYN, NY 11211	86-1150496	501(C)(3)	8,000.	0.			PROJECT SUPPORT- BOTH OF ME
UNIVERSITY OF WASHINGTON FOUNDATION - COLLEGE OF EDUCATION, BOX 653600 - SEATTLE, WA 98195	94-3079432	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
URGE UNITE FOR REPRODUCTIVE AND GENDER EQUITY - 1012 14TH STREET NW, SUITE 305 - WASHINGTON, DC 20005	52-1772575	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
VIBRANT WOMAN-MAMA SANA PO BOX 301018 AUSTIN, TX 78703	45-5638520	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
VIETNAMESE BOAT PEOPLE, A NJ NONPROFIT CO - 56 YANTACAW BROOK ROAD - MONTCLAIR, NJ 07043	83-1411011	501(C)(3)	8,000.	0.			PROJECT SUPPORT - NEW PODCAST SEASON: THEN & NOW
WOMEN MAKE MOVIES, INC. 115 W 29TH ST., RM 1200 NEW YORK, NY 10001	13-2740460	501(C)(3)	8,000.	0.			PROJECT SUPPORT - STANDING ABOVE THE CLOUDS
WOMEN'S FUND OF GREATER OMAHA, INC. - 1111 N 13TH ST., SUITE 106 - OMAHA, NE 68102	47-0840885	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
WOMEN'S FUND OF WESTERN MASSACHUSETTS - 1350 MAIN ST., STE 1006 - SPRINGFIELD, MA 01103	04-3342411	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

THE MS. FOUNDATION REQUESTS, AND KEEPS ON FILE WRITTEN REPORTS FROM ALL GRANTEES THAT RECEIVE OVER \$10,000 IN FUNDING. THE REPORTS INCLUDE A DESCRIPTION OF PROGRAMMATIC ACTIVITIES AND ACCOMPLISHMENTS, AS WELL AS A REPORT ON THE EXPENDITURE OF GRANT FUNDS. WE ALSO USE OUTSIDE EVALUATORS TO COLLECT DATA ON THE WORK AND IMPACT OF MOST OF OUR GRANTEES, AND MAKE PERIODIC PHONE CALLS AND SITE VISITS TO A PORTION OF OUR GRANTEES EACH YEAR.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	297,104.	0.	0.	6,048.	30,229.	333,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROSINA BARBA COO	(i)	218,590.	0.	0.	5,995.	12,840.	237,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RUTH MCFARLANE VP, ADVANCEMENT	(i)	207,500.	0.	0.	5,956.	1,272.	214,728.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROSALYN LEE FORMER VP, STRATEGY & DEV.	(i)	12,871.	0.	150,000.	500.	34,456.	197,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELLEN LIU VP, GRANTMAKING & CAPACITY BUILDING	(i)	139,178.	0.	0.	4,483.	44,762.	188,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CAMILLE KENNEDY SR. DIR., ADVANCEMENT STRATEGY	(i)	155,987.	0.	0.	2,663.	24,279.	182,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANNA MARTINEZ DIR., FINANCE AND ADMIN	(i)	111,380.	0.	0.	3,450.	36,604.	151,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

ROSALYN LEE RECEIVED A SEVERANCE PAYMENT PER HER SEPARATION AGREEMENT OF \$150,000 INCLUDED IN HER 2021 FORM W-2.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	9	96,935.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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).

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

OF OUR GRANTEE PORTFOLIO COMPRISED OF ORGANIZATIONS LED BY WOMEN AND
GIRLS OF COLOR, AND IS ALIGNED WITH PART OF THE FOUNDATION'S STRATEGIC
PLAN TO INVEST IN AND SUPPORT MOVEMENT LEADERS AND SOCIAL JUSTICE
INFRASTRUCTURE. THE FOUNDATION LAUNCHED THE BIRTH JUSTICE INITIATIVE,
OUR NEWEST GRANTMAKING STRATEGY WHICH AIMS TO ADVANCE EQUITABLE BIRTH
OUTCOMES AND STRENGTHEN THE CAPACITY, ORGANIZATIONAL INFRASTRUCTURE,
AND FINANCIAL STABILITY OF GRASSROOTS BLACK, INDIGENOUS AND WOMEN OF
COLOR-LED BIRTH JUSTICE ORGANIZATIONS. IN THIS ROUND OF GRANTMAKING,
THE MS. FOUNDATION INVESTED \$1 MILLION IN SUPPORT OF BIRTH JUSTICE
ORGANIZATIONS, LEADERS, AND MOVEMENTS ACROSS THE SPECTRUM OF BIRTH
JUSTICE ISSUE AREAS. ALL THE MS. FOUNDATION STRATEGIES COMPLEMENTS THE
OTHER GRANTMAKING EFFORTS (ACTIVIST COLLABORATION AND CARE FUND, MS.
SOUTH AND THE GIRLS OF COLOR INITIATIVE AND BUILDING CONNECTIONS
INITIATIVES) OF THE FOUNDATION. THE FOUNDATION ALSO HOSTS DONOR ADVISED
FUNDS INCLUDING THE OMA FUND, ASIAN WOMEN GIVING CIRCLE, AND GLORIA

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

Schedule O (Form 990) 2021

132211 11-11-21

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

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

AMPLIFIED CONVERSATIONS AROUND AT THE INTERSECTION OF GENDER AND RACE.

THIS YEAR, THE FOUNDATION JOINED IN WRITING AN "OPEN LETTER TO PHILANTHROPY" WHICH LIFTED UP THE FINDINGS FROM POCKET CHANGE: HOW WOMEN AND GIRLS OF COLOR DO MORE WITH LESS AND PUSHED THE FIELD TO MOVE TOWARDS MORE TRUST BASED PHILANTHROPY. OUR PUBLIC EDUCATION EFFORTS WORK TO CHANGE THE DOMINANT NARRATIVE AROUND OUR CORE ISSUES AND THE ISSUES OF GRANTEES BOTH BY ENSURING THAT BOTH A GENDER AND RACE LENS ARE APPLIED TO CRITICAL ISSUES AND BY ENGAGING INDIVIDUALS AND HOSTING CONVERSATIONS AROUND THESE ISSUES.

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

THE MS. FOUNDATION FOR WOMEN RETAINS AN EXTERNAL ACCOUNTING FIRM TO PREPARE AND FILE ITS FORM 990. PRIOR TO FILING, AN INITIAL REVIEW OF THE FORM 990 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

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

WHEN HIRING NEW VP'S AND C-SUITE POSITIONS, INITIAL OFFER IS BASED ON EXTERNAL BENCHMARKING AND INPUT BY RECRUITMENT CONSULTANTS AS TO THE MARKET VALUE OF SUCH POSITIONS. OVERALL, ANNUAL VP/COO/CAO 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.

THE CEO'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:

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

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

Name of the organization MS FOUNDATION FOR WOMEN, INC	Employer identification number 23-7252609
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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 1 WILLOUGHBY SQUARE, SUITE 2000, 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	1,204,759.
MANAGEMENT AND GENERAL EXPENSES	105,515.
FUNDRAISING EXPENSES	255,846.
TOTAL EXPENSES	1,566,120.

RECRUITMENT:

PROGRAM SERVICE EXPENSES	367.
MANAGEMENT AND GENERAL EXPENSES	42,490.
FUNDRAISING EXPENSES	160.
TOTAL EXPENSES	43,017.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,609,137.

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

WRITE-OFF OF UNCOLLECTIBLE PLEDGES	-22,500.
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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.

