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DLN: 93493304002031

2010

OMB No 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

		2010 ca	 	nning 07-01-2010 and ending 06-30-20	111		Inspection		
		applicable	C Name of organization			D Employer	identification number		
┌ Add			MS FOUNDATION FOR WOMEN I	VC		23-7252	609		
┌ Nar	ne cha	ange	Doing Business As			E Telephone	number		
┌ Inıt	al retu	urn	Number and street (or P O box	ıf maıl ıs not delivered to street address)	Room/suite	(212)74	2-2300		
Г Теп	mınate	ed	12 METROTECH CENTER NO 26			(212) / 4			
┌ Am	ended	return	City or town, state or country, a	nd ZIP + 4		G Gross recei	pts \$ 20,741,368		
┌ _{App}	licatio	n pending	BROOKLYN, NY 11201						
			F Name and address of p	orincipal officer	H(a) Is this a	group return for affi	liates? Yes No		
			ANIKA RAHMAN 12 METROTECH CENTE	R NO 26 FI					
			BROOKLYN, NY 11201	K NO 2012	1	affiliates included			
						o," attach a lis p exemption r	t (see instructions)		
I Tax	k-exer	npt status	▼ 501(c)(3)	◀ (insert no)		,			
J W	ebsit	e: ► WW	W MS FOUNDATION ORG						
K Forn	n of or	rganization	Corporation Trust Associ	ation Other 🕨	L Year of for	mation 1972	M State of legal domicile NY		
Pa	rt I	Sumi	mary		•	•			
Governance		CHANGE	TO BENEFIT WOMEN AND	A PUBLIC FOUNDATION WORKING TO COMMUNITIES IN THE US THE FOU SHIP DEVELOPMENT TO OVER 150 C	INDATION DEL	.IVERS STRA			
ŝ	2	Check th	ıs box দ ıf the organizatıon	discontinued its operations or disposed	d of more than 2	5% of its net	assets		
	3	Number	of voting members of the gove	erning body (Part VI, line 1a)	-	3	12		
Activities &	4	Number	of independent voting membe	rs of the governing body (Part VI, line ${f 1}$	b)	4	12		
₩				ın calendar year 2010 (Part V, line 2a)		5	42		
đ			nber of volunteers (estimate	.,		6	20		
				n Part VIII, column (C), line 12		7a	C		
	Ь	Net unrei	ated business taxable incom	e from Form 990-T, line 34	Prio	r Year	Current Year		
	8	Contrib	outions and grants (Part VIII	, line 1h)		5,702,704	8,424,381		
횰	9		m service revenue (Part VIII		0	0,424,501			
Revenue	10	-	·	mn (A), lines 3, 4, and 7d)		791,834	2,243,474		
芒	11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e)	es 5, 6d, 8c, 9c, 10c, and 11e)				
	12			11 (must equal Part VIII, column (A), li	ne	6,414,050	10,531,664		
	13			art IX, column (A), lines 1-3)		3,276,500	3,486,586		
	14			rt IX, column (A), line 4)		0	0,100,300		
	15			oyee benefits (Part IX, column (A), lines	5-				
8		10)				2,714,728	2,807,411		
Expenses	16a			(X, column (A), line 11e)		98,801	(
五	ь		ndraising expenses (Part IX, column			2 477 222	2.562.004		
	17			(a), lines 11a-11d, 11f-24f)		2,477,828	2,562,881		
	18 19			must equal Part IX, column (A), line 25) ne 18 from line 12		8,567,857 -2,153,807	8,856,878 1,674,786		
30 Oc		Revent	de less expelises Subtract li	10 110 111 1111 112 1 1 1 1 1 1 1 1 1 1	Beginning	of Current	· · · · · · · · · · · · · · · · · · ·		
8 8 €						ear	End of Year		
Not Assets or Fund Balances	20					39,708,979	42,702,948		
골품	21					2,759,380	1,584,493		
	22			ct line 21 from line 20		36,949,599	41,118,455		
Under	edge	alties of pe and belief		nined this return, including accompanying ete. Declaration of preparer (other than offi					
		****				11-10-25			
Sign Here		SUSAI	ture of officer N WEFALD EXECUTIVE VP & COO		Da	te			
		17	or print name and title	1	-	Ohards 6 15			
		Print/Type preparer's		Preparer's signature	Date 1	Check if self- employed 🕨 🦵	PTIN		
Paid			ne Po'Connor Davies Munns &	DOBBINS LLP	I	•	Firm's EIN 🕨		
Prepa		Fırm's add	ress 500 MAMARONECK AVENUE				Phone no • (914) 381-		
Use (וחל		HARRISON, NY 105281633				8900		

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

Par		Program Service O contains a respon	•		II		
1	Briefly describe the orga	nızatıon's mıssıon					
THE	MS FOUNDATION FOR W	OMEN BUILDS WO	MEN'S COLL	ECTIVE POWER T	O REALIZE A NATION O	F JUSTICE FOR ALL	
2	Did the organization unde the prior Form 990 or 990				ar which were not listed on	┌ Yes ┌ No	
	If "Yes," describe these n	ew services on Sche	dule O				
3	Did the organization ceas services?		-	_	conducts, any program	┌ Yes ┌ No	
	If "Yes," describe these c	hanges on Schedule	0				
4		1(c)(4) organization	s and sectioi	n 4947(a)(1) trusts	ee largest program service are required to report the m service reported		
4a	(Code) (Expenses \$	4,293,264	ıncludıng grants of \$	3,471,586) (Revenue	e \$)	
	ISSUES AFFECTING WOMEN A ORGANIZATIONS IN FISCAL 20	ROUND THE COUNTRY A 011 - MOSTLY GRASSROC IEN'S HEALTH (INCLUDIN	T THE GRASSRO TS IN SIZE AND	OTS, REGIONAL, AND N FOCUS AND OFTEN LE	OF PROGRAMS AND SERVICES IN IATIONAL LEVELS THE FOUNDATI D BY MARGINALIZED WOMEN AN EDUCATION AND WOMEN & HIV	ON MADE GRANTS TO 158 D WOMEN OF COLOR THE GRA	ANTS
	(Code) (Expenses \$	517 807	ıncludıng grants of \$) (Revenue	\$)	
40	SEE SCHEDULE O - CAPACITY GRANTMAKING AREAS AND ST ESSENTIAL AREAS, SUCH AS F	BUILDINGTHE GOALS OF TRENGTHEN ORGANIZATI UNDRAISING AND COMM TO BECOME SUSTAINABLE	MS FOUNDATIONS BY EXPAND UNICATIONS T AND SUCCESS	ON CAPACITY BUILDING ING PARTNERSHIPS, TE HESE PROGRAMS BRING FUL WHILE EXPANDING	ARE TO SUPPORT ROBUST FIEL RAINING LEADERS AND INCREAS G GRASSROOTS ORGANIZATIONS PARTNERSHIPS THAT RESULT II	DS THAT CORRESPOND WITH (ING SKILLS IN A VARIETY OF TOGETHER THROUGH CONVEN	NINGS
	(Code) (Expenses \$	801 540	ıncludıng grants of \$	15.000) (Revenue	a ¢ \	
40	SEE SCHEDULE O - PUBLIC EE WOMEN'S HEALTH, ECONOMIC	DUCATIONTHE MS FOUND C JUSTICE AND ENDING O TIONS, ONLINE SOCIAL M	DATION FOR WO GENDER-BASED IEDIA, CAMPAIG	OMEN CONDUCTS PUBLICATION VIOLENCE WE DO THIS NS AND PRESS OUTREA	IC EDUCATION IN AREAS CRITIC IS IN MULTIPLE WAYS, INCLUDING ACH OUR PUBLIC EDUCATION SE	AL TO WOMEN'S WELL-BEING S THROUGH OUR WEBSITE, E-	SUCH AS
	Other program services	(Describe in Schedi	ule O)				
	(Expenses \$	•	ng grants of	\$) (Revenue \$)	
4e	Total program service ex	rpenses ⊢ \$	5,612,620	<u> </u>			
							12.2.4.2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b		No
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? If "Yes," complete Schedule D, Part VIII.	11c		No
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? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV \cdot	16		No
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</i> "Yes," complete Schedule G, Part I (see instructions)	17		Νο
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</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F-	orm 990	(2010)

Part V	Statements	Regarding	Other IRS	5 Filings	and Tax	Compliance

	Check if Schedule O contains a response to any question in this Part V	•		1
4 -	Fatantha asserban ann atadan Basa 2 af Farm 1006 Fatan 0 af antanahan la		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 19			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		No
u	In res, indicate the number of forms 5252 filed during the year.	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	-		
U	facilities	1		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
L	Enter the amount of reserves the organization is required to maintain by the states			
D	in which the organization is licensed to issue qualified health plans]		
C	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ction 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	00		<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed NY, AL, AK, AZ, AR, CA, CO, CT, D IL, IN, IA, KS, KY, LA, MD, MA, MI MT, NE, NV, NH, NJ, NM, NC, OH, € SC, SD, TN, TX, UT, VT, WV, WI, W	, MN , OK , O	MS,M	ο,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of

Own website Another's website Upon request

BROOKLYN, NY 11201 (212) 742-2300

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

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

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

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

(A) Name and Title	(B) Average hours		((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) PHEOBE ENG DIRECTOR	1 00	х						0	0	0
(2) ELIZABETH BREMNER TREASURER	1 00	х		х				0	0	0
(3) SARA MELENDEZ DIRECTOR TERM ENDED IN 2010	1 00	х						0	0	0
(4) ASHLEY BLANCHARD VICE-CHAIR	1 00	х		х				0	0	0
(5) JEANNIE DIEFENDERFER DIRECTOR	1 00	х						0	0	0
(6) DON MCPHERSON DIRECTOR TERM ENDED IN 2011	1 00	х						0	0	0
(7) WENDA WEEKES MOORE DIRECTOR TERM ENDED IN 2011	1 00	х						0	0	0
(8) CATHY RAPHAEL CHAIR	1 00	х		х				0	0	0
(9) RENE A REDWOOD DIRECTOR	1 00	х						0	0	0
(10) KATHLEEN STEPHANSEN DIRECTOR	1 00	х						0	0	0
(11) VERNA WILLIAMS SECRETARY	1 00	х		х				0	0	0
(12) EVE E ELLIS DIRECTOR	1 00	х						0	0	0
(13) LAUREN EMBREY DIRECTOR	1 00	х						0	0	0
(14) HEATHER ARNET DIRECTOR	1 00	х						0	0	0
(15) ALICIA LARA DIRECTOR	1 00	х						0	0	0
(16) SARA GOULD FORMER PRESIDENT/CEO	40 00			Х				186,148	0	24,556

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

(A) Name and Title	Name and Title A verage Position (check all Reportable Reportable that apply) that apply) from the from related						Reportable compensation			ated fother		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	rrom related organizations (W- 2/1099- MISC)	,	compen: from f organizat relat organiza	the ion and ed
(17) SUSAN WEFALD EXECUTIVE VP & COO	40 00			х				146,082		0		18,05
(18) ANIKA RAHMAN PRESIDENT/CEO	40 00			х				0		0		
(19) ELLEN BRAUNE VP OF COMMUNICATIONS	40 00					х		117,252		0		4,29
(20) PATRICIA ENG VP PROGRAM	40 00					Х		118,909		0		24,72
(21) ANDREA BRISCOE VP OF ORGANIZATIONAL EFFECTIVENESS	40 00					х		105,132		0		16,97
1b Sub-Total			٠.	<u>. </u>			<u> </u>			+		
c Total from continuation sheets to		ion A				>						
d Total (add lines 1b and 1c)							+	673,523	0			88,602
Total number of individuals (incluses \$100,000 in reportable compenses	-				ed a	bove)	who	received more thai	n			
									F-		Yes	No
3 Did the organization list any form on line 1a? If "Yes," complete Sche									ated employee	3		Νο
4 For any individual listed on line 1a organization and related organization individual										4	Yes	
5 Did any person listed on line 1a re											1.05	
services rendered to the organiza	tion? <i>If</i> "Yes," c	omplete	Sche	dule	J fo	rsuch	pers	on		5		Νo

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

(A) Name and business address	(B) Description of services	(C) Compensation
METROPOLITAN GROUP	BRAND DEVELOPMENT	136,171
Takal manahan sandan adalah sandan akan Manahadan baharah baharah baharah baharah baharah baharah sandan baharah	· · · · · · · · · · · · · · · · · · ·	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►1

orm 990	-							ŀ
		Statement of			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ខ្ខ⊟ា	1a	Federated campai	gns 1a					
듄둦ㅣ	b	Membership dues	1b					
Contributions, giffs, grants and other similar amounts	c	Fundraising event	s 1c	640,505				
E =	d	Related organizati		-				
ಕ್ಕ್≝		Government grants (c		-				
왕등	е			7 702 076				
≝ ७	f	All other contributions, similar amounts not in		7,783,876				
€ €	g	Noncash contributions	included in lines 1a-1f \$	237,862				
털힐								
إ ₹ ك	h	Total. Add lines 1	a-1f	· •	8,424,381			
a a				Business Code				
Program Service Revenue	2a							
94 14	b							
<u>ا</u> يو	c							
2	d							
36								
<u>ا</u> ۾	e							
5	f	All other program	service revenue					
<u>₹</u>	g	Total. Add lines 2	a-2f					
3	3	Investment incom	ne (ıncludıng dıvıdends, ınte	erest				
		and other similar a	amounts)	▶	1,056,685			1,056,685
	4	Income from investme	ent of tax-exempt bond proceeds	; ►				
5	5	Royalties		▶				
		•	(ı) Real	(II) Personal				
- 6	5a	Gross Rents	(7)	(,				
	b	Less rental						
		expenses						
	С	Rental income or (loss)						
	d	Net rental income	or(loss)	•				
			(ı) Securities	(II) O ther				
7	7a	Gross amount from sales of	11,173,085					
		assets other						
	ь	than inventory Less cost or	9,986,296					
		other basis and sales expenses						
	c	Gain or (loss)	1,186,789					
	d	Net gain or (loss)			1,186,789			1,186,789
8	8a		n fundraising events					
Omer Revenue		(not including \$640,50! of contributions re See Part IV , line 1	– ported on line 1c)	02.202				
<u>.</u>	b	Less direct exper		82,203				
[ss) from fundraising events	223,408	-141,205			-141,205
' ⊢			n gaming activities See		·			
		Part IV, line 19						
	b	Less direct expenses	b					
	С	Net income or (los	ss) from gaming activities					
1	10a	Gross sales of inv returns and allowa						
	b	Less cost of good						
			ss) from sales of inventory					
		Miscellaneous F		Business Code				
-	11a	OTHERINCOME		900099	5,014			5,014
	ь	J.HERTINGOME			·			
	C	A.H27						
		All other revenue						
			1a-11d		5,014			
1	12	iotal revenue. Se	e Instructions	F	10,531,664	0	C	2,107,283

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus				
Section $501(c)(3)$ and $501(c)(4)$ organizations must				
			(D)	
ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3 486 586	·	general expenses	ехрепзез
Grants and other assistance to individuals in the U.S. See Part IV, line 22	27.007000	5,100,000		
Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors, trustees, and key employees	467,655	73,547	317,519	76,589
Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
Other salaries and wages	1,861,755	874,505	492,644	494,606
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,588	17,023	9,515	12,050
			85,580	38,312
	·	·	, <u> </u>	42,307
Fees for services (non-employees)		,		,
-	101.204		101.204	
-			· -	
-	2.,555			
	180 078		180 078	
·	·	426.024		166,711
		,		250
	·			78,231
·		-		2,122
	13,103	12,371	1,773	2,122
	661 242	300.814	208 722	151,706
		,	· -	29,098
Payments of travel or entertainment expenses for any federal,	01,137	30,432	24,521	25,030
	13.539	7.887	4,559	1,093
	,	,	,	·
·	160,906		160,906	
	, ,		· -	
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of	,		,	
CONVENINGS	122,367	122,367		
REPAIRS AND MAINTENANCE	45,680	19,011	15,642	11,027
SPACE RENTAL AND CATERI	29,333	1,729	11,516	16,088
OTHER EXPENSES	27,862	853	8,569	18,440
All other expenses				
Total functional expenses. Add lines 1 through 24f	8,856,878	5,612,620	2,105,628	1,138,630
Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	-,,	-,,,	-,,	_,
	the include amounts reported on lines 6b, 2, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the US See Part IV, line 21 Grants and other assistance to individuals in the US See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(e)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Professional fundraising services See Part IV, line 17 Investment management fees Other Advertising and promotion Office expenses Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) CONVENTINGS REPAIRS AND MAINTENANCE PPACE RENTAL AND CATERI OTHER EXPENSES Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the	A include amounts reported on lines 6b, 2, 20, and 10b of Part VIII. Crants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Crants and other assistance to individuals in the U.S. See Part IV, line 21 Crants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 27 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 27 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 17 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 17 Formal part of the part of	Name Compensation Name Name	Sph, and 100 of Part VIII. Total espenses Program service Recognized and general expenses Program service Program

Part X Balance Sheet (A) (B) Beginning of year End of year 500 500 1 1 7.673.937 2 6.306.925 2 3,088,847 2,601,614 3 21,465 5,012 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 8 8 Prepaid expenses and deferred charges 82,672 9 89,263 10a Land, buildings, and equipment cost or other basis Complete 1.846.931 10a Part VI of Schedule D 982.903 ь Less accumulated depreciation 10b 1,012,567 10c 864.028 32.522.913 11 27.510.567 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 318.424 15 312,693 15 39,708,979 16 16 42,702,948 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 463,914 17 377,884 17 Accounts payable and accrued expenses . 18 2,234,500 18 1,105,000 60.966 101.609 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 2.759.380 26 1,584,493 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 3,706,731 27 3,978,763 Unrestricted net assets Temporarily restricted net assets 28 8,948,327 28 12,677,176 Fund 24,294,541 29 24,462,516 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 36,949,599 33 41,118,455 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 39.708.979 42,702,948

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,5	531,664
2	Total expenses (must equal Part IX, column (A), line 25)	2			356,878
3	Revenue less expenses Subtract line 2 from line 1	3		1,6	574,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		36,9	949,599
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,4	194,070
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		41,1	L 18,455
Par	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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 its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

DLN: 93493304002031

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization MS FOUNDATION FOR WOMEN INC

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

23-7252609 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Fait III. II th	e organizacion i	ialis to quality ui	idei tile tests li	sted below, pie	ase co	ilibiete F	art III.)
S	ection A. Public Support							
Cale	endar year (or fiscal year beginning in) ┡	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	9,314,325	5 10,211,601	10,282,536	5,702,704	8	3,424,381	43,935,547
2	grants ") 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	9,314,325	10,211,601	10,282,536	5,702,704	8	3,424,381	43,935,547
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included							10,037,439
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							33,898,108
S	ection B. Total Support	•	<u>'</u>	•	•			
	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20)10	(f) Total
7	A mounts from line 4	9,314,325	10,211,601	10,282,536	5,702,704	8	,424,381	43,935,547
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	794,919	965,249	759,094	688,570	1	,056,685	4,264,517
9	Net income from unrelated business activities, whether or not the business is regularly							
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,939	2,621	1,391	1,331		5,014	15,296
11	Total support (Add lines 7 through 10)							48,215,360
12	Gross receipts from related activit	ies, etc (See inst	tructions)			12	1	508,647
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second,	third, fourth, or fi	fth tax year as a !	501(c)(3		ation,
S	ection C. Computation of Pu	blic Support F	Percentage					
14	Public Support Percentage for 201	•		l1 column (f))		14		70 310 %
15	Public Support Percentage for 200	·	·			15		71 350 %
	33 1/3% support test—2010. If the and stop here. The organization qu	alıfıes as a publıc	ly supported organ	nization				► ✓
Ь	33 1/3% support test—2009. If the box and stop here. The organization	-			a, and line 15 is 3	3 3 1/3%	or more, c	check this ►
17a	10%-facts-and-circumstances test is 10% or more, and if the organiza in Part IV how the organization me	: —2010. If the org ation meets the "f	anızatıon dıd not c acts and cırcumst	heck a box on line ances" test, chec	k this box and st	op here.	Explain	· ·
b	organization 10%-facts-and-circumstances test	— 2009. If the org	anızatıon dıd not c	heck a box on line	e 13, 16a, 16b, o	r 17a ar	nd line	ed ▶
	15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization	ation meets the "f	acts and circumst	ances" test The	organızatıon qualı	ıfıes as a	a publicly	▶ ┌
18	Private Foundation If the organizations	tion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
Public support percentage from 2009 Schedule A, Part III, line 15		16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

chedule A (Fo	orm 990 or 99	0-EZ)2010
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Page 4

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation
	required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for an
	additional information. (See instructions).

Facts A	and Cir	cumsta	nces	Test
			,	

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493304002031

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

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

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

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

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

	me of the organization FOUNDATION FOR WOMEN INC			Employer ide	ntıfıcatıon number		
					23-7252609		
T	t I-A Complete if the or	ganization is exempt und	ler section 501(c) or is a section 527	7 organization.		
	Provide a description of the or	ganızatıon's dırect and ındırect p	olitical campaign ac	tivities in Part IV			
	Political expenditures			▶	\$		
	Volunteer hours						
Ti	t I-B Complete if the or	ganization is exempt und	ler section 501((c)(3).			
		e tax incurred by the organization			\$		
	Enter the amount of any excis	e tax incurred by organization ma	anagers under sectio	on 4955 ►	\$		
	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No		
а	Was a correction made?				┌ Yes ┌ No		
Ь	If "Yes," describe in Part IV						
ı r	t I-C Complete if the or	ganization is exempt und	ler section 501(c) except section 50	1(c)(3).		
	Enter the amount directly exp	ended by the filing organization fo	or section 527 exem	pt function activities 🕨	\$		
	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	to other organization	s for section 527 ▶	\$		
	Total exempt function expend	tures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	\$		
	organization made payments	nd employer identification numbe For each organization listed, ente	er the amount paid fr	om the filing organization's	funds Also enter the		
	Enter the names, addresses a organization made payments amount of political contributio	nd employer identification numbe	er the amount paid fr nd directly delivered	om the filing organization's I to a separate political orga	(e) A mount of politic contributions receive and promptly and directly delivered to separate political		
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er the amount paid fr nd directly delivered) If additional space	om the filing organization's I to a separate political organization organization I to a separate political organization organization's	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization.		
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er the amount paid fr nd directly delivered) If additional space	om the filing organization's I to a separate political organization organization I to a separate political organization organization's	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization If none		
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er the amount paid fr nd directly delivered) If additional space	om the filing organization's I to a separate political organization organization I to a separate political organization organization's	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization.		

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3)	and filed Form 5768 ((election
	Check If the filing organization belongs to	•		
В	Check If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying I (The term "expenditures" means a	(a) Filing Organization's Totals	(b) A ffiliated Group Totals	
1 a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	69,544	
b	Total lobbying expenditures to influence a legisl	lative body (direct lobbying)	37,267	
c	Total lobbying expenditures (add lines 1a and 1	b)	106,811	
d	Other exempt purpose expenditures		5,505,809	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	5,612,620	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	430,631	
	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 li	ne 1f)	107,658	
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -	0	
i	Subtract line 1f from line 1c If zero or less, ento	er - 0 -	О	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a	Lobbying non-taxable amount	453,952	566,368	431,455	430,631	1,882,406				
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,823,609				
_с	Total lobbying expenditures	39,100	79,897	55,000	106,811	280,808				
d	Grassroots non-taxable amount	135,988	141,592	107,864	107,658	493,102				
e	Grassroots ceiling amount (150% of line 2d, column (e))					739,653				
f	Grassroots lobbying expenditures		58,862	31,650	69,544	160,056				

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

		1.	a)		(b)	
		Yes	No		\ moun	nt
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					
а	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?					
е	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? If "Yes," describe in Part IV					
j	Total 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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	** THE A. Commisse if the every instinction is every medical exception FA4/s\/4\ exception [n
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), (or se		
	501(c)(6).	501(c)(5), « 		Yes	No
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	501(c)(5), (1		
1 2	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2		
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I	501(c)(5), (1 2 3	Yes	No
1 2 3 Par	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c II-A, 1 2a 2b)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	501(c II-A, 1 2a 2b 2c)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	501(c II-A, 1 2a 2b 2c 3)(5), (1 2 3	Yes	No

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493304002031

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	ne of the organization FOUNDATION FOR WOMEN INC	Employer identification number			
МЭ	TOUNDATION FOR WOMEN INC		23-7252609		
Pa	rt I Organizations Maintaining Donor a organization answered "Yes" to Form 9	Advised Funds or Other Similar Fu 990, Part IV, line 6.	inds or Accounts. Complete if the		
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year	7			
2	Aggregate contributions to (during year)	2,111,698			
3	Aggregate grants from (during year)	344,500			
4	Aggregate value at end of year	5,226,984			
5	Did the organization inform all donors and donor adfunds are the organization's property, subject to the	-	or advised		
6	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the be conferring impermissible private benefit		·		
Pa	t II Conservation Easements. Complet	e if the organization answered "Yes" to			
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation		
	,,,,,,,,	Γ	Held at the End of the Year		
а	Total number of conservation easements		2a		
ь	Total acreage restricted by conservation easemen	ts	2b		
c	Number of conservation easements on a certified h	nistoric structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, trans	- ferred, released, extinguished, or terminated	d by the organization during		
	the taxable year 🛌				
4	Number of states where property subject to conser	vation easement is located 🕨			
5	Does the organization have a written policy regard enforcement of the conservation easements it hold	ing the periodic monitoring, inspection, hand	Ing of violations, and Yes No		
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easeme	ents during the year ►		
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	during the year 🕨 \$		
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of sect	∵ion 		
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	f the footnote to the organization's financial			
Par	Complete if the organization answered		or Other Similar Assets.		
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or researc	h in furtherance of public service,		
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	r public exhibition, education, or research in	·		
	(i) Revenues included in Form 990, Part VIII, line	1	▶ -\$		
	(ii) Assets included in Form 990, Part X		► \$		
2	If the organization received or held works of art, his following amounts required to be reported under SF		r financial gain, provide the		
а	Revenues included in Form 990, Part VIII, line 1		▶ - \$		

b Assets included in Form 990, Part X

ar	411 Organizations Maintaining Co	<u>llections of Art</u>	<u>, Hist</u>	coric	cal Tre	asu	res, or (<u> </u>	r Simila	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	owing th	at are	a signific	ant u	ise of its co	llection	า	
а	Public exhibition		d	\sqcap	Loan or	rexch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and explai	ın how	they	further	the o	rganızatıo	n's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	ed "Y	'es" to Fo	m 990),	
	Part IV, line 9, or reported an an											
.a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary 1	for co	ntributi	ons o	r other as:	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	followi	ng ta	ble		ı		ı			
										A mou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year						ŀ	1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete										1 1/	
_	Paramana afaran balanca	(a)Current Year 24,117,747	(b)	Prior \	rear ,425,318	(c) IV	vo Years Bad 27,213,	— <u> </u>	1) Three Years	Back (e	e)Four Y	ears Back
a	Beginning of year balance	551,617		21,	461,695			670				
b	Contributions	4,476,605		3	,137,027		-3,741,	-				
۳ C	Investment earnings or losses Grants or scholarships	4,476,003			,137,027		3,741,	-				
d e	Other expenditures for facilities	1,354,470			906,293		2,134,	871				
_	and programs	1,55.1, 17.5			300,233		2,13 .,					
f	Administrative expenses											
g	End of year balance	27,791,499		24	,117,747		21,425,	318				
	Provide the estimated percentage of the yea	r end balance held a	ıS									
а	Board designated or quasi-endowment 🕨	3 810 %										
ь	Permanent endowment 🕨 95 380 %											
c	Term endowment ► 0810 %											
a	Are there endowment funds not in the posses	ssion of the organiza	ation tl	hat a	re held a	and a	dmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		No
	(ii) related organizations					•		•		3a(ii)	<u> </u>	No
D	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon							•		3b		
	t VI Investments—Land, Buildings					Λ Da	rt V line	10				
<u> (</u>	Description of investment	s, and Equipmen	iit. 36	(a)	Cost or o	ther	(b)Cost or basis (otl	other	(c) Accum		(d) Bo	ok value
.a	Land											
	Buildings											
	Leasehold improvements						1,3	29,989		681,645		648,344
	Equipment						· · · · · · · · · · · · · · · · · · ·			301,258		215,684
	 Other							•		· ·		•
		_							1			

864,028

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,531,664
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,856,878
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,674,786
4	Net unrealized gains (losses) on investments	4	2,494,070
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,494,070
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,168,856
_	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	12,845,656
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	_	
a	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	2,494,070
3	Subtract line 2e from line 1	3	10,351,586
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 180,078		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	180,078
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,531,664
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial		8,676,800
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a		1	
b	Prior year adjustments	1 1	
C		1	
d	Other (Describe in Part XIV)	3.	0
e o	Add lines 2a through 2d	2e	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	8,676,800
4			
a L	Investment expenses not included on Form 990, Part VIII, line 7b 4a 180,078	-	
Ь	Other (Describe in Part XIV)	1	180,078
с 5	Add lines 4a and 4b	4c 5	· · · · · · · · · · · · · · · · · · ·
	t XIV Supplemental Information	J	8,856,878

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	•	THE PURPOSE IS TO PROVIDE LONG-TERM SUPPORT FOR PROGRAMS THE INCOME FROM ENDOWMENT IS AVAILABLE FOR GENERAL OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		MS 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 2008

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DLN: 93493304002031

Employer identification number

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Inspection

1S FOUNDAT	ION FOR WOME	N INC						23-7252609		
Part I Fu	ındraising Ac	tivities. Complete	e if the c	rganiza	tion a	nswered "Yes"	to Form	n 990, Part IV	, lıne 17.	
a Mails b Interior c Phono d In-pe 2a Did the o or key en b If "Yes,"	solicitations net and e-mail so e solicitations erson solicitation rganization have nployees listed in		ement wit or entity entities (e f g th any Ind In conne fundraise	lividua ction	Solicitation of nor Solicitation of governments of Special fundraising all (including office with professional formal to agreements of the solicity of the sol	n-govern vernment ng events rs, direc fundraisi ents und	t grants t grants tors, trustees ng services? er which the fun		s 「No
ındı	nd address of vidual (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?		Gross receipts from activity	(or r fundra	mount paid to etained by) iiser listed in col (i)	(vi) A mou (or retai organi	ned by)

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

Pa	ne 18, or reported ,,000.					
			(a) Event #1 WOMEN OF VISION (event type)	(b) Event #2 (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
₽	1	Gross receipts	722,708	3		722,708
Revenue	2	Less Charitable contributions	640,50!	5		640,505
<u>~</u>	3	Gross income (line 1 minus line 2)	82,203	3		82,203
	4	Cash prizes				
မှာ	5	Non-cash prizes	22,048	3		22,048
Expenses	6	Rent/facility costs	91,285	5		91,285
ă	7	Food and beverages	18	3		18
Direct	8	Entertainment				
ā	9	Other direct expenses .	110,057	7		110,057
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)		223,408
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-141,205
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	ırt IV, lıne 19, or rep	orted more than
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
		Gross revenue				+
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	┌ Yes % ┌ No	┌ Yes %	
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac			· · Fyes FNo
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par			r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493304002031 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Internal Revenue Service			Attach to Form 990				Inspect ion
Name of the organization MS FOUNDATION FOR WOMEN INC	:					Employer identification	on number
David Company I Trafo mana kin		I A:				23-7252609	
Part I General Information 1 Does the organization maintain the selection criteria used to average Describe in Part IV the organization.	records to substanti vard the grants or as	ate the amount of the					∀Yes □
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received r		eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 50 3 Enter total number of other organizations		_				· · · · · · •	133

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	2.
	Use Schedule I-1 (Form 990) if additional space is needed.	

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

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS		SCHEDULE I, PART I, LINE 2 THE MS FOUNDATION REQUESTS, AND KEEPS ON FILE, WRITTEN REPORTS FROM ALL GRANTEES THAT RECEIVE \$5,000 OR MORE IN FUNDING THE REPORTS INCLUDE A DESCRIPTION OF
IN THE U S		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

Software ID: Software Version:

EIN: 23-7252609

Name: MS FOUNDATION FOR WOMEN INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990, Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	ns in the United St	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA CAMPAIGN TO PREVENT TEEN PREGNANCY INC412 N HULL STREET MONTGOMERY, AL 36104	63-1251666	501(C)3	40,000				TO PROVIDE GENERAL OPERATING SUPPORT
ACT FOR WOMEN AND GIRLS313 N WEST VISALIA,CA 93297	26-0287450	501(C)3	25,000				TO PROVIDE GENERAL OPERATING SUPPORT
ADVOCATES FOR INFORMED CHOICEPO BOX 676 COTATI,CA 94931	23-7395681	501(C)3	15,000				TO SUPPORT INTER/ACT
AIDS ALABAMA INC3521 7TH AVENUE SOUTH BIRMINGHAM,AL 35222	58-1727755	501(C)3	40,000				TO PROVIDE GENERAL OPERATING SUPPORT
AIDS SERVICES OF AUSTIN INC7215 CAMERON ROAD AUSTIN,TX 78752	74-2440845	501(C)3	25,000				TO SUPPORT RAISE OUR VOICESI SUSTAINED ADVOCACY PROGRAM
ALABAMA WOMEN'S RESOURCE NETWORK401 BEACON PARKWAY WEST ROOM 123 BIRMINGHAM,AL 35209	27-2981564	501(C)3	12,500				TO SUPPORT PEER EXCHANGE TO SHARE BEST PRACTICES, CHALLENGES, AND STRATEGIES IN THEIR WORK, TO SUPPORT STAFF DEVELOPMENT
ALASKA COMMUNITY ACTION ON TOXICS505 W NORTHERN LIGHTS BLVD ANCHORAGE, AK 99508	92-0177082	501(C)3	25,000				TO SUPPORT THE ENVIRONMENTAL REPRODUCTIVE HEALTH EDUCATION PROJECT
ALL OUR KIN INCPO BOX 8477 NEW HAVEN, CT 065300477	06-1539280	501(C)3	20,000				TO SUPPORT EXPANSION OF GRANTEE'S WORK THROUGHOUT CONNECTICUT AND POSITION GRANTEE AS A STATEWIDE AND NATIONAL MODEL
ASIAN COMMUNITIES FOR REPRODUCTIVE JUSTICE 1440 BROADWAY SUITE 301 OAKLAND, CA 94610	94-3311784	501(C)3	10,000				TO PROVIDE GENERAL OPERATING SUPPORT
BABES NETWORK-YWCA 1118 FIFTH AVENUE SEATTLE, WA 98101	91-0482890	501(C)3	25,000				TO SUPPORT BABES NETWORK LEADERSHIP CORE
BEYONDMEDIA EDUCATION4001 N RAVENSWOOD SUITE 204- B CHICAGO,IL 60613	36-4376882	501(C)3	15,000				TO SUPPORT THE CHAIN OF CHANGE PROJECT
BLACK WOMEN'S HEALTH IMPERATIVE1726 M STREET NW SUITE 300 WASHINGTON, DC 20036	58-1557556	501(C)3	20,000				TO SUPPORT "RAISING WOMEN'S VOICES FOR THE HEALTH CARE WE NEED!"

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (g) Description of **(b)** EIN (c) IRC Code section (d) A mount of cash (a) Name and address of (e) A mount of non-(f) Method of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal other) CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK111 NEW MONTGOMERY STREET TO SUPPORT 94-2718807 501(C)3 "PARENT VOICES" 7TH FLOOR 20,000 FLOOR SAN FRANCISCO, CA 94105 CALIFORNIA LATINAS FOR TO PROVIDE REPRODUCTIVE JUSTICE 244 S SAN PEDRO STREET 26-2213868 501(C)3 GENERAL OPERATING 50,000 SUPPORT **SUITE 405** LOS ANGELES, CA 90012 CENTER FOR TO SUPPORT CPC PARTICIPATORY CHANGE CAPACITY BUILDING 56-2126417 501(C)3 INC34 WALL STREET 601 10,000 2011 ASHEVILLE, NC 28801 CENTER FOR TO SUPPORT CARING PARTNERSHIP STUDIES 77-0154454 501(C)3 ECONOMICS 25700 SHAFTER WAY 10,000 CAMPAIGN CARMEL, CA 93923 TO PROVIDE SUPPORT TO CONVENE MS FOUNDATION GRANTEES IN THE FIELD OF CHILDCARE CHILDSPACE FOR PEER LEARNING COOPERATIVE AND TO MAP THE **DEVELOPMENT INC5517** 04-3028849 501(C)3 24,000 EXISTING U S **GREENE STREET** GRASSROOTS PHILADELPHIA, PA 19144 CHILDCARE MOVEMENT TO SUPPORT HOLDING THE LINE-SPEAKING UP FOR CHILD CARE FUNDING TO SUPPORT "PREVENT A PACT," TO PROVIDE SUPPORT FOR CHOICE USA TO CONDUCT A 1 1/2 DAY REPRODUCTIVE JUSTICE CAPACITY **BUILDING AND** CHOICE USA 1317 F ADVOCACY STREET NW SUITE 501 501(C)3 TRAINING FOR 52-1772575 37,500 WASHINGTON, DC 20004 GRANTEE ALPHA KAPPA ALPHA -UPSILON CHI OMEGA **CHAPTER IN** GULFPORT, MS TO BEGIN TO MOVE FROM INFORMATION AND AWARENESS RAISING TO ADVOCACY TO SUPPORT CHRISTIE'S PLACE2440 TRANSFORMATIONS -THIRD AVENUE 91-1878632 501(C)3 25,000 THE SISTERHOOD SAN DIEGO, CA 92101 PROJECT CLOSE TO HOME DOMESTIC VIOLENCE TO SUPPORT CLOSE 501(C)3 PREVENTION INITIATIVE 30-0082690 TO HOME 2011-2012 15,000 **42 CHARLES STREET** YOUTH TEAM DORCHESTER, MA 02122 ARIZONA BORDER RIGHTS TO SUPPORT THE FOUNDATION2123 E FORT 86-0991413 501(C)3 PROMOTORA LOWELL ROAD 20,000 PROGRAM TUSCON, AZ 85719 COLORADO ORGANIZATION FOR LATINA OPPORTUNITY TO PROVIDE 84-1569021 GENERAL OPERATING AND REPRODUCTIVE 501(C)3 50,000 RIGHTS1029 SANTA FE SUPPORT DRIVE DENVER, CO 80204 TO SUPPORT AN ADVOCACY AND ORGANIZING CONNECT INC3 WEST BLUEPRINT FOR 29TH STREET 9TH FLOOR 501(C)3 02-0694269 40,000 WORKING WITH NEW YORK, NY 10001 FAITH COMMUNITIES TO END CHILD SEXUAL ABUSE TO INTEGRATE CHILD SEXUAL ABUSE PREVENTION DARKNESS TO LIGHT7 STANDARDS AND RADCLIFFE STREET 57-1095108 501(C)3 PRACTICES INTO 30,000 CHARLESTON, SC 29403 FEDERAL GRANTS TO YOUTH-SERVING ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule 1, Par	t 11, Grants and	Otner Assistance	to Governments	and Organization	is in the United St	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIRECT ACTION FOR RIGHTS AND EQUALITY (DARE)340 LOCKWOOD STREET PROVIDENCE, RI 02907	26-0116549	501(C)3	30,000				TO SUPPORT "BEHIND THE WALLS"
DOMESTIC WORKERS UNITED1201 BROADWAY SUITE 907-908 NEW YORK, NY 10001	13-3526938	501(C)3	30,000				TO PROVIDE GENERAL OPERATING SUPPORT
FAITH ALOUD3672-A ARSENAL ST LOUIS,MO 63116	43-1258031	501(C)3	35,000				TO SUPPORT MISSOURI POLICY PROJECT
FAMILIES AND FRIENDS OF LOUISIANA'S INCARCERATED CHILDREN 1600 ORETHA C HALEY BLVD NEW ORLEANS, LA 70113	20-5924561	501(C)3	40,000				TO SUPPORT ORGANIZATIONAL DEVELOPMENT AND BOARD DEVELOPMENT AS WELL AS PROVIDE GENERAL OPERATING SUPPORT
FUNDERS FOR LGBTQ ISSUES116 EAST 16TH STREET 6TH FLOOR NEW YORK, NY 10003	13-4144494	501(C)3	10,000				DONOR ADVISED GRANT
GENERATIONFIVEPO BOX 1715 OAKLAND,CA 94604	27-0044294	501(C)3	50,000				TO PROVIDE GENERAL OPERATING SUPPORT
TIDES CENTER NEW YORK PO BOX 29907 SAN FRANCISCO, CA 941290907	94-3213100	501(C)3	35,000				TO PROVIDE GENERAL OPERATING SUPPORT
GEORGIA CITIZENS COALITION ON HUNGER9 GAMMON AVE ATLANTA,GA 30315	23-7422289	501(C)3	30,000				TO PROVIDE GENERAL OPERATING SUPPORT
GRASSROOTS LEADERSHIP 1346 ST JULIEN STREET CHARLOTTE, NC 282055120	58-1581743	501(C)3	10,000				TO SUPPORT THE "WOMEN'S CAMPAIGN"
GREEN FOR ALL1611 TELEGRAPH AVE SUITE 600 OAKLAND,CA 94611	38-3705448	501(C)3	30,000				TO SUPPORT SCALING OPPORTUNITY THROUGH CLEAN- ENERGY JOBS PROGRAMS
THE INSTITUTE FOR MEDIA ANALYSIS143 WEST 4TH STREET NEW YORK, NY 10012	13-3331313	501(C)3	8,000				TO PROVIDE GENERAL OPERATING SUPPORT
HAMPSHIRE COLLEGE ROUTE 116 AMHERST,MA 01002	04-6130872	501(C)3	10,000				TO PROVIDE SUPPORT FOR THE LEADERSHIP DEVELOPMENT OF WOMEN-OF-COLOR LED REPRODUCTIVE JUSTICE ORGANIZATIONS THROUGH SKILLS- TRAINING, MENTORING AND PEER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United St	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERSTORY WRITERS WORKSHOP INC2539 MIDDLE COUNTRY ROAD FL 2 CENTEREACH, NY 11720	11-3377741	501(C)3	15,000				TO SUPPORT YOUTH WRITING FOR RESTORATIVE JUSTICE AND RACIAL EQUALITY
HOLLABACK6 BARCLAY STREET 6TH FLOOR NEW YORK, NY 10007	84-1668109	501(C)3	15,000				TO SUPPORT HOLLABACK YOUTH LEADERSHIP PROGRAM
INSTITUTE FOR WOMEN'S POLICY RESEARCH1200 18TH STREET NW SUITE 301 WASHINGTON, DC 20036	52-1549572	501(C)3	35,000				\$20,000 TO SUPPORT CARE WORK CAREER LADDERS FOR IMMIGRANT WOMEN, \$15,000 DONOR ADVISED GRANT
JOBS WITH JUSTICE EDUCATION FUND1800 W MUHAMMAD ALI BLVD SUITE 2E LOUISVILLE, KY 40203	52-1865575	501(C)3	50,000				TO SUPPORT CAPACITY BUILDING IN FUNDRAISING AS WELL GENERAL OPERATING SUPPORT
KENTUCKY JOBS WITH JUSTICE1800 W MUHAMMAD ALI BLVD SUITE 2E LOUISVILLE,KY 40203	61-1309181	501(C)3	35,000				TO SUPPORT COMMUNITY VOICES PROJECT WITH WOMEN IN TRANSITION TO PROVIDE SOCIAL SUPPORT FOR LOW INCOME COMMUNITIES OF COLOR AS WELL GENERAL OPERATING SUPPORT
KINGSBRIDGE HEIGHTS COMMUNITY CENTER3101 KINGSBRIDGE TERRACE BRONX,NY 10463	13-2813809	501(C)3	35,000				TO DEVELOP A MODEL THAT WILL EMPOWER SURVIVORS AS LEADERS IN ADVOCACY CAMPAIGNS RELATED TO CHILD SEXUAL ABUSE AND TO DEVELOP A LONG-TERM PLAN TO EXPAND ADVOCACY EFFORTS RELATED TO ENDING CHILD SEXUAL ABUSE
LEGAL MOMENTUM 395 HUDSON STREET 5TH FLOOR NEW YORK, NY 10014	23-7085442	501(C)3	30,000				TO SUPPORT WOMEN'S PATHWAYS TO EMPLOYMENT AND WORKPLACE RIGHTS
ARKANSAS JUSTICE FOR OUR NEIGHBORSPO BOX 909 LITTLE ROCK,MA 72203	36-4080771	501(C)3	10,000				TO SUPPORT FUNDRAISING CAPACITY BUILDING
LOUD INCPO BOX 145 BEAUFORT,SC 29906	27-2392553	501(C)3	15,000				TO SUPPORT "THE RESISTANCE"
LOUISIANA BUCKET BRIGADE4226 CANAL ST NEW ORLEANS, LA 70119	72-1488935	501(C)3	10,000				TO SUPPORT CAPACITY BUILDING IN STAFF DEVELOPMENT
MASSACHUSETTS CITIZENS FOR CHILDREN 14 BEACON STREET SUITE 706 BOSTON, MA 02108	04-2276809	501(C)3	75,000				TO EXPAND AND STRENGTHEN THE ENOUGH ABUSE CAMPAIGN IN MASSACHUSETTS
MASSACHUSETTS COALITION ON OCCUPATIONAL SAFETY AND HEALTH1532B DORCHESTER AVENUE DORCHESTER, MA 02122	04-2614458	501(C)3	30,000				THE SUPPORT THE WORKER CENTER REPRODUCTIVE HEALTH AND JUSTICE INITIATIVE

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MINNESOTA COALITION AGAINST SEXUAL ASSULT 161 ST ANTHONY AVENUE SUITE 1001 ST PAUL, MN 55103	41-1459621	501(C)3	40,000				TO BRING THE PREVENTION OF CHILD SEXUAL ABUSE TO THE FOREFRONT OF ADVOCACY WORK WITH POLICY MAKERS AND COMMUNITY MEMBERS IN MINNESOTA, INCLUDING THE FORMATION OF A POLICY WORKING GROUP FOCUSED ON CHILD SEXUAL ABUSE PREVENTION COMMUNITY ENGAGEMENT MODEL FOR CHILD SEXUAL ABUSE PREVENTION		
MISSISSIPPI IMMIGRANTS' RIGHTS ALLIANCE612 N STATE STREET SUITE B JACKSON,MS 39202	94-3425290	501(C)3	25,000				TO SUPPOR THE IMMIGRANT ORGANIZING AND ADVOCACY PROJECT		
MISSISSIPPI LOW INCOME CHILDCARE INITIATIVE684 WALKER STREET BILOXI,MS 39530	64-0943404	501(C)3	10,000				TO SUPPORT BOARD DEVELOPMENT		
MISSISSIPPI WORKERS' CENTER FOR HUMAN RIGHTS213 MAIN STREET GAINSVILLE,MS 38701	64-0904601	501(C)3	30,000				ACCESSING RESOURCES TO SUPPORT EMPLOYMENT RIGHTS FOR FORMERLY INCARATED WOMEN AS WELL PROVIDE GENERAL OPERATING SUPPORT		
MOVEMENT STRATEGY CENTER436 14TH STREET 5TH FLOOR OAKLAND,CA 94612	20-1037643	501(C)3	32,000				TO DESIGN OVMENT BUILDING PROGRAM SUPPORT FOR THE MS FOUNDATION'S GENDER, JOBS AND JUSTICE GRANTEES		
MUJERES UNIDAS Y ACTIVAS3543 18TH STREET 23 SAN FRANCISCO, CA 94110	20-2986926	501(C)3	55,000				\$30,000 FOR BUILDING PROGRAM SUPPORT FOR THE MS FOUNDATION GENDER JOBS AND JUSTICE GRANTEES PROVIDE SUPPORT FOR WOMEN TURNING THE TIDE ON IMMIGRATION ENFORCEMENT PROJECT \$25,000 FOR DONOR ADVISED GRANT		
9TO5 NATIONAL ASSOCIATION OF WORKING WOMEN207 EAST BUFFALO SUITE 211 MILWAUKEE,WI 53202	34-1246311	501(C)3	30,000				TO PROVIDE GENERAL OPERATING SUPPORT		
TIDES FOUNDATIONPO BOX 29907 SAN FRANCISCO, CA 941290907	51-0198509	501(C)3	80,000				TO PROVIDE GENERAL OPERATING SUPPORT		
NATIONAL COUNCIL FOR RESEARCH ON WOMEN11 HANOVER SQUARE 24TH FLOOR NEW YORK, NY 10005	13-3170956	501(C)3	7,000				TO SUPPORT REINVESTING IN WOMEN AND FAMILIES DEVELOPING AN ECONOMY FOR THE FUTURE		
NATIONAL DAY LABORER ORGANIZING NETWORK 675 S PARK VIEW ST SUITE B LOS ANGELES, CA 90057	20-8802586	501(C)3	10,000				TO SUPPORT NEW ORLEANS IMMIGRATION ENFORCEMENT SUMMIT TRAVEL GRANT		
NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH 50 BROAD STREET SUITE 1937 NEW YORK, NY 10004	52-1891734	501(C)3	70,000				TO PROVIDE GENERAL OPERATING SUPPORT		
NATIONAL NETWORK FOR IMMIGRANT & REFUGEE RIGHTS310 8TH STREET SUITE 303 OAKLAND,CA 94607	94-3065434	501(C)3	20,000				DONOR ADVISED GRANT		

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United St	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES 1875 CONNECTICUT AVENUE NW SUITE 650 WASHINGTON, DC 20009	23-7124915	501(C)3	30,000				TO PROVIDE GENERAL OPERATING SUPPORT
CENTER FOR HEALTH AND GENDER EQUALITY1317 F STREET NW SUITE 400 WASHINGTON, DC 20004	31-1794048	501(C)3	50,000				TO SUPPORT THE NATIONAL WOMEN AND AIDS COLLECTIVE ORGANIZING AND BASE BUILDING PROJECT
TWIN STATES NETWORKPO BOX 2606 WEST BRATTLEBORO,VT 05301	04-3373364	501(C)3	47,000				TO SUPPORT THE NATIONAL WOMEN AND AIDS COLLECTIVE ORGANIZING AND BASE BUILDING PROJECT
NATIONAL WOMEN'S LAW CENTER11 DUPONT CIRCLE NW SUITE 800 WASHINGTON, DC 20036	52-1213010	501(C)3	30,000				TO SUPPORT THE IMPROVING THE ECONOMIC SECURITY OF LOW- INCOME WOMEN AND FAMILIES PROJECT
NATIVE AMERICA COMMUNITY BOARDPO BOX 572 LAKE ANDES, SD 57356	46-0392867	501(C)3	40,000				TO SUPPORT THE INDIGEOUS WOMEN'S HEALTH AND REPRODUCTIVE JUSTICE PROGRAM, WHICH AIMS TO ENSURE EFFECTIVE IMPLEMENTATION OF THE TRIBAL LAW AND ORDER ACT OF 2010, INCLUDING ACCESS TO EMERGENCY CONTRACEPTION AND SEXUAL ASSAULT FORENSIC EXAMS
NEW ORLEANS PARENT ORGANIZING NETWORKPO BOX 741055 NEW ORLEANS, LA 701741055	02-0773717	501(C)3	10,000				TO SUPPORT LEADERSHIP TRANSITION
OREGON ABUSE ADVOCATES AND SURVIVORS IN SERVICE PO BOX 2161 PORTLAND,OR 97208	27-1493650	501(C)3	20,000				TO SUPPORT SURVIVORS IN BECOMING PRIMARY INFLUENCERS OF SOCIETY'S UNDERSTANDING AND RESPONSE TO CHILD SEXUAL ABUSE, PARTICULARLY THROUGH AN EXPANDED SURVIVOR SPEAKER'S BUREAU AND PUBLIC POLICY ADVOCACY
PEACE OVER VIOLENCE 1015 WILSHIRE BLVD SUITE 200 LOS ANGELES, CA 90017	51-0179305	501(C)3	40,000				TO CREATE SURVIVOR- INFORMED POLICY RECOMMENDATIONS AND ACTION AGENDA FOR THE PREVENTION OF CHILD SEXUAL ABUSE, THE PRESENTATION OF FINDINGS IN AT LEAST THREE SIGNIFICANT PUBLIC SETTINGS, AND THE TRAINING OF A COHORT OF SURVIVOR ADVOCATES
FIJI THEATER COMPANY INC DBA PING CHONG & COMPANY47 GREAT JONES STREET 6TH FLOOR NEW YORK, NY 10012	13-2874863	501(C)3	35,000				TO DEVELOP A FILM DOCUMENTARY AND RELATED TOOL-KIT THAT WILL BE USED IN COMMUNITY ORGANIZING EFFORTS WITH NYC- BASED GROUPS
PLANNED PARENTHOOD OF SOUTHEAST75 PIEDMONT AVE NE 800 ATLANTA,GA 30303	58-6045874	501(C)3	35,000				TO SUPPORT "BUILDING OUR POWER ENGAGING SOUTHERNERS AROUND SEX ED AND PERSONHOOD"
POLITICAL RESEARCH ASSOCIATES1310 BROADWAY SUITE 201 SOMERVILLE, MA 02144	36-3193323	501(C)3	5,000				DONOR ADVISED GRANT
PREVENT CHILD ABUSE AMERICA228 S WABASH AVE 10TH FLOOR CHICAGO,IL 60604	23-7235671	501(C)3	100,000				TO SUPPORT THE EXPANSION OF THE ENOUGH ABUSE CAMPAIGN IN NEW JERSEY AND MARYLAND, AND THE INTEGRATION OF CHILD SEXUAL ABUSE PREVENTION INTO PCAA'S NATIONAL PLATFORM

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United St	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENT CHILD ABUSE NORTH CAROLINA3701 NATIONAL DRIVE SUITE 211 RALEIGH, NC 27612	58-1366718	501(C)3	40,000				TO DEVELOP A COMPREHENSIVE STATEWIDE PLAN TO PREVENT CHILD SEXUAL ABUSE THAT ENGAGES POLICY MAKERS, ORGANIZATIONS, AND THE COMMUNITY AT LARGE
PROJECT SOUTH INSTITUTE FOR THE ELIMINATION OF POVERTY & GENOCIDE9 GAMMON AVE ATLANTA, GA 30315	58-1956686	501(C)3	20,000				"TO SUPPOR THE TRANSITION & TRANSFORMATION PROJECT - "PARTNERSHIP OF PROJECT SOUTH AND GCCH"
SISTER SONG1237 RALPH DAVID ABERNATHY BLVD SW ATLANTA,GA 30310	51-0544927	501(C)3	12,500				TO PROVIDE GENERAL OPERATING SUPPORT
RESTAURANT OPPORTUNITIES CENTER UNITED350 7TH AVENUE 18TH FLOOR NEW YORK, NY 10001	03-0522321	501(C)3	35,000				TO SUPPORT THE RESTAURANT WORKERS NATIONAL POLICY PROJECTS AS WELL AS SUPPORT THE COMMUNITY VOICES PROJECT
RIGHT TO THE CITY ALLIANCE CO FUREE81 WILLOUGHBY ST 701 BROOKLYN,NY 11201	13-3442022	501(C)3	30,000				TO SUPPORT THE NATIONAL CAMPAIGN FOR JOBS
SAMARITAN COUNSELING CENTER1803 OREGON PIKE LANCASTER,PA 17601	23-2467315	501(C)3	20,000				TO SUPPORT A PILOT PROGRAM INVOLVING 4-7 CHURCHES THAT WILL ENGAGE IN POLICY DEVELOPMENT, CONGREGATIONAL EDUCATION, AND TRAINING FOR STAFF AND VOLUNTEERS AROUND THE PREVENTION OF CHILD SEXUAL ABUSE
SERVICE WOMEN'S ACTION NETWORKPO BOX 1758 NEW YORK, NY 101561758	94-3125696	501(C)3	44,500				\$11,500 TO PROVIDE GENERAL SUPPORT, \$33,000 DONOR ADVISED GRANT
SEVENTH GENERATION FUND FOR INDIAN DEVELOPMENT425 I STREET ARCATA,CA 95521	68-0027247	501(C)3	10,000				DONOR ADVISED GRANT
SISTER FUND - WOMEN MOVING MILLIONS79 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10003	13-3501674	501(C)3	25,000				TO SUPPORT "WOMEN MOVING MILLIONS"
SISTERLOVE INC3709 BAKERS FERRY ROAD SW ATLANTA,GA 30331	58-2016070	501(C)3	10,000				TO SUPPORT PANDORA'S PROMISE REPRODUCTIVE JUSTICE AND HIV/AIDS CAMPAIGN
SMART306-308 WEST 38TH STREET 601 NEW YORK,NY 10018	13-2633756	501(C)3	25,000				TO SUPPORT SMART ACTION SISTERS INVOLVED (SASI) TO IDENTIFY AND TRAIN 5 SMART WOMEN PARTICIPANTS IN ADVOCACY SKILLS AND POLICIES REGARDING WOMENS HEALTH CARE AND HIV/AIDS AND UNDERSTAND HOW POLICY IS CREATED
SOUTHERNERS ON NEW GROUND250 GEORGIA AVENUE SUITE 201 ATLANTA,GA 30312	61-1274170	501(C)3	10,000				TO SUPPORT CAPACITY BUILDING IN MEDIA DEVELOPMENT

Form 990,Schedule I, Part	II, Grants and	d Other Assistance	to Governments	and Organization	s in the United St	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARK491 ATLANTIC AVE 1 BROOKLYN,NY 11217	01-0538121	501(C)3	10,000				TO SUPPORT THE ROUNDTABLE DISCUSSION TO PRESENT THE IMPACT AND CHALLENGES OF SEXUALIZATION OF GIRLS ON JULY 25, 2011
STOP IT NOW351 PLEASANT STREET SUITE B-319 NORTHAMPTON, MA 01060	04-3150129	501(C)3	30,000				TO INTEGRATE CHILD SEXUAL ABUSE PREVENTION STANDARDS AND PRACTICES INTO FEDERAL GRANTS TO YOUTH-SERVING ORGANIZATIONS
SPARK REPRODUCTIVE JUSTICE NOW2048 HOSEA WILLIAMS DR NE SUITE B ATLANTA,GA 30317	58-1872316	501(C)3	30,000				TO PROVIDE GENERAL OPERATING SUPPORT
TEACH OUR CHILDRENPO BOX 211 NEW YORK, NY 10159	27-2763109	501(C)3	25,000				TO PROVIDE GENERAL OPERATING SUPPORT
TEWA WOMEN UNITEDPO BOX 397 SANTA CRUZ,NM 87567	85-0480836	501(C)3	30,000				TO SUPPORT THE INTEGRATION OF CSA INTO THE ORGANIZATION'S EFFORTS TO SUPPORT PREGNANT MOTHERS, THEIR FAMILIES AND COMMUNITIES AND TO DEVELOP A REPORT THAT ADDRESSES THE CONNECTIONS BETWEEN SUPPORTED PREGNANCY, HEALTHY FAMILIES AND CSA PREVENTION
TEXAS FREEDOM NETWORK EDUCATION FUND608 W 22ND STREET AUSTIN,TX 78705	74-2788317	501(C)3	45,000				TO SUPPORT THE SEX EDUCATION ADVOCACY CAMPAIGN
TONATIERRA COMMUNITY DEVELOPMENT INSTITUTE PO BOX 5118 PHOENIX, AZ 85010	86-0723874	501(C)3	20,000				TO SUPPORT TONATIERRA CDBS- LAS COMADRES
UPSILON CHI OMEGA CHAPTER OF ALPHA KAPPA ALPHA SORORITY INC1705 SHELBY LANE OCEAN SPRINGS, MS 39564	23-7194995	501(C)3	15,000				TO PROVIDE SUPPORT FOR THE KEEP EMPOWERING YOUTH PROJECT, WHICH AIMS TO PROVIDE REPRODUCTIVE EDUCATION AND JUSTICE IN MISSISSIPPI BY PROVIDING OPPORTUNITIES FOR LEADERSHIP DEVELOPMENT, CULTURAL ENRICHMENT, EDUCATION AND ADVOCACY TRAINING
VIOLENCE PREVENTION COALITION OF SOUTHWEST COLORADO PO BOX 3269 DURANGO,CO 81302	84-1189486	501(C)3	15,000				TO SUPPORT SEE IT STOP IT ON NATIVE LANDS YOUTH LEADERSHIP PROJECT
VOCAL - NY80-A FOURTH AVE BROOKLYN,NY 11217	13-4094385	501(C)3	10,000				TO SUPPORT "HOUSING FIGHTS AIDS WOMEN SPEAK OUT!"
WEST VIRGINIA FREE100 CAPITOL STREET SUITE 1005 CHARLESTON, WV 25301	55-0715930	501(C)3	45,000				TO PROVIDE GENERAL OPERATING SUPPORT
WESTERN NORTH CAROLINA WORKERS CENTER14 N MAIN STREET MARION,NC 28752	86-1120732	501(C)3	12,500				TO SUPPORT CAPACITY BUILDING IN FUNDRAISING AS WELL AS TO SUPPORT PARTICIPATING IN A PEER EXCHANGE TO SHARE BEST PRACTICES, CHALLENGES, AND STRATEGIES

Form 990,Schedule I, Part	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WIDER OPPORTUNITIES FOR WOMEN1001 CONNECTICUT AVE NW SUITE 930 WASHINGTON, DC 20036	52-0818450	501(C)3	35,000				TO SUPPORT "GENERATING REAL ECONOMIC EQUITY NOW (GREEN)" SOUTHEAST AS WELL AS TO SUPPORT THE COMMUNITY VOICES PROJECT
WOMEN ALIVE COALITION 1566 S BURNSIDE AVENUE LOS ANGELES, CA 90019	95-4657742	501(C)3	13,000				TO PROVIDE GENERAL OPERATING SUPPORT
WOMEN ORGANIZED TO RESPOND TO LIFE- THREATENING DISEASES 414 13TH ST 2ND FLOOR OAKLAND,CA 94612	94-3177103	501(C)3	25,000				TO SUPPORT THE NEEDS ASSESSMENT INTEGRATING SEXUAL, REPRODUCTIVE HEALTH AND VIOLENCE PREVENTION NEEDS OF HIV POSITIVE WOMEN PROJECT
WOMEN IN TRANSITION 219 WEST ORMSBY AVENUE LOUISVILLE, KY 40203	61-1309181	501(C)3	30,000				TO PROVIDE GENERAL OPERATING SUPPORT
WOMEN'S FUNDING NETWORK505 SANSOME STREET 2ND FLOOR SAN FRANCISCO, CA 94111	41-1685134	501(C)3	15,000				DONOR ADVISED GRANT
WOMEN'S LAW PROJECT 401 WOOD STREET SUITE 1020 PITTSBURGH, PA 15222	23-7354667	501(C)3	25,000				TO SUPPORT "PROTECTING WOMEN'S HEALTH AND SAFE ABORTION ACCESS" IN PENNSYLVANIA
WOMEN'S VOICES FOR THE EARTH114 WEST PINE STREET MISSOULA, MT 59802	81-0501011	501(C)3	35,000				TO PROVIDE GENERAL OPERATING SUPPORT
YOUNG VOICES150 MILLER AVENUE PROVIDENCE,RI 02905	43-2103674	501(C)3	10,000				TO SUPPORT YOUTH ORGANIZING FOR CHILD CARE
YOUNG WOMEN UNITED 120 MORNINGSIDE NE ALBURQUERQUE, NM 87108	85-0481224	501(C)3	35,000				TO PROVIDE GENERAL OPERATING SUPPORT
YOUNG WOMEN'S EMPOWERMENT PROJECT 2334 W LAWRENCE SUITE 221 CHICAGO,IL 60625	61-1426655	501(C)3	15,000				TO PROVIDE GENERAL OPERATING SUPPORT
ABORTION ACCESS PROJECT47 THORNDIKE STREET CAMBRIDGE, MA 02141	04-3298538	501(C)3	22,000				DONOR ADVISED GRANT
ADVOCACY FOR PATIENTS WITH CHRONIC ILLNESS INC18 TIMBERLINE DRIVE FARMINGTON, CT 06032	83-0415607	501(C)3	10,000				DONOR ADVISED GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASAP INITIATIVE129 E 79TH STREET RM 901 NEW YORK, NY 10021	13-3598671	501(C)3	10,000				TO SUPPORT SPARK PROJECT- TRANSITIONING FROM SUMMIT TO MOVEMENT
ASIAN AMERICAN ARTS ALLIANCE20 JAY STREET SUITE 720 BROOKLYN,NY 11201	13-3480189	501(C)3	10,000				DONOR ADVISED GRANT
THE ASIAN AMERICAN WRITERS' WORKSHOP110- 112 W 27TH STREET NEW YORK,NY 10001	13-3677911	501(C)3	10,000				DONOR ADVISED GRANT
CENTER FOR HEALTH AND GENDER EQUALITY1317 F STREET NW SUITE 400 WASHINGTON, DC 20004	31-1794048	501(C)3	10,000				DONOR ADVISED GRANT
CENTER FOR WOMEN'S GLOBAL LEADERSHIP160 RYDERS LANE NEW BRUNSWICK, NJ 08904	22-6001086	501(C)3	5,000				TO SUPPORT CHARLOTTE BUNCH WOMEN'S HUMAN RIGHTS STRATEGIC OPPORTUNITIES FUND
CHARLES JUNCTION HISTORIC PRESERVATION SOCIETY2708 CALDAR COURT JACKSONVILLE,FL 32259	23-7437216	501(C)3	5,000				DONOR ADVISED GRANT
CORPORATION FOR ENTERPRISE DEVELOPMENT1200 G STREET NW SUITE 400 WASHINGTON, DC 20005	52-1141804	501(C)3	5,000				TO SUPPORT THE 2010 ASSETS LEARNING CONFERENCE - THE ASSETS MOVEMENT AT ITS MOMENT CREATING THE SAVE AND INVEST ECONOMY
DESIPINIA PRODUCTIONS INC138 SOUTH OXFORD ST 1C BROOKLYN,NY 11217	05-0524220	501(C)3	10,000				DONOR ADVISED GRANT
DIRECT IMPACT AFRICAPO BOX 776369 STEAMBOAT SPRINGS, CO 804776369	13-3570469	501(C)3	5,000				DONOR ADVISED GRANT
FEMINIST MAJORITY FOUNDATION433 S BEVERLY DRIVE BEVERLY HILLS,CA 90212	54-1426440	501(C)3	20,000				DONOR ADVISED GRANT
GOLDEN PHOENIX PRODUCTIONS INC3457 82ND STREET 3C JACKSON HEIGHTS, NY 11372	04-3647617	501(C)3	10,000				DONOR ADVISED GRANT
HARDY GIRLS HEALTH WOMENPO BOX 821 WATERVILLE, ME 049030821	01-0538121	501(C)3	137,000				TO SUPPORT THE SPARK (SEXUALIZATION PROTEST ACTION, RESISTANCE, KNOWLEDGE) SUMMIT AND SPARK MOVEMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTER COLLEGE FOUNDATION695 PARK AVENUE NEW YORK, NY 10021	13-3598671	501(C)3	70,000				TO SUPPORT THE SPARK (SEXUALIZATION PROTEST ACTION, RESISTANCE, KNOWLEDGE) SUMMIT AND SPARK MOVEMENT
IBIS REPRODUCTIVE HEALTH17 DUNSTER STREET SUITE 201 CAMBRIDGE,MA 02138	03-0382773	501(C)3	10,000				DONOR ADVISED GRANT
LIGHT FISH ARTS LLC CO FISCAL SPONSOR INDEPENDENT FEATURE PROJECT53 DUNCAN AVE SUITE 51 JERSEY CITY,NJ 07304	20-8182954	N/A	5,000				DONOR ADVISED GRANT
NATIONAL NETWORK OF ABORTION FUNDS42 SEAVERNS AVENUE BOSTON,MA 02130	04-3236982	501(C)3	21,500				DONOR ADVISED GRANT
NUOC PICTURES LLC78 HALSEY ST 3F BROOKLYN,NY 11216	20-4803605	N/A	10,000				DONOR ADVISED GRANT
NURSING STUDENTS FOR CHOICE2300 MYRTLE AVE SUITE 120 ST PAUL, MN 55114	27-0560247	501(C)3	10,000				DONOR ADVISED GRANT
FIJI THEATER COMPANY INC DBA PING CHONG & COMPANY47 GREAT JONES STREET 6TH FLOOR NEW YORK,NY 10012	13-2874863	501(C)3	5,000				DONOR ADVISED GRANT
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS1055 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2698497	501(C)3	7,500				DONOR ADVISED GRANT
PRO-CHOICE MASSACHUSETTS FOUNDATION15 COURT SQUARE SUITE 900 BOSTON,MA 02108	04-2679358	501(C)3	10,000				DONOR ADVISED GRANT
TRUECHILD (GENDERPAC) 1731 CONNECTICUT AVE NW 4TH FLOOR WASHINGTON,DC 20009	13-4087914	501(C)3	5,000				TO SUPPORT THE SPARK (SEXUALIZATION PROTEST ACTION, RESISTANCE, KNOWLEDGE) SUMMIT AND SPARK MOVEMENT
WOMEN AWARE INC (NJ) 250 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	22-2374378	501(C)3	5,000				DONOR ADVISED GRANT
WOMEN'S MEDIA CENTER 151 W 25TH STREET SUITE 12F NEW YORK,NY 10001	38-3727585	501(C)3	107,500				DONOR ADVISED GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN MAKE MOVIES462 BROADWAY NEW YORK, NY 10013	13-2740460	501(C)3	5,000				DONOR ADVISED GRANT

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DLN: 93493304002031

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MS FOUNDATION FOR WOMEN INC 23-7252609 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensation		reportable	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) SARA GOULD	(1) (11)	186,148 0	0 0		3,433 0	21,123 0	210,704 0	0 0	
(2) SUSAN WEI ALD	(1) (11)	146,082 0	0	0	4,560 0		164,135 0	o 0	
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

DLN: 93493304002031

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization MS FOUNDATION FOR WOMEN INC

Employer identification number

					23-7252609			
Pa	tt 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	(d Method of determining of amounts	•	ontribut	lion
1	Art—Works of art			-5				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
ood	s							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded	Х	12	215,814	PROCEEDS OF STO	OCKS	ALES	
LO	Securities—Closely held stock							
1	Securities—Partnership, LLC, or trust interests .							
.2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
4	Q ualified conservation contribution—O ther							
.5	Real estate—Residential .							
.6	Real estate—Commercial							
.7	Real estate—Other							
.8	Collectibles							
.9	Food inventory							
20	Drugs and medical supplies							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	AUCTION Other►(<u>ITEMS</u>)	Х	17	22,048	DONOR DETERMIN	NED		
. 6	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received b for which the organization complet				29			
							Yes	No
30a	During the year, did the organization	on receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years t	from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
b	If "Yes," describe the arrangemen	t ın Part I	I					
31	Does the organization have a gift a	cceptano	ce policy that requires the r	eview of any non-standard	contributions?	31		Νo
32a	Does the organization hire or use to contributions?	hırd partı	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
	If "Yes," describe in Part II							
33	If the organization did not report re	evenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493304002031

Employer identification number

23-7252609

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization MS FOUNDATION FOR WOMEN INC

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 to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE MS FOUNDATION FOR WOMEN, HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT, MEMBERS OF THE AUDIT COMMITTEE AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY TO MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION THE GOVERNING BODY IS PROVIDED WITH ONE WEEK TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE CHIEF OPERATING OFFICER AND WHOLE COMMITTEE FOR REVIEW. FACH ISSUE IS

DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED FOR FILING

ldentifier	Return Reference	Explanation
	· ·	A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANUALLY BY DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND KEY STAFF MEMBERS AT ALL BOARD MEETINGS IT IS QUERIED WHETHER A CONFLICT OF INTEREST EXISTS IF THERE IS A POTENTIAL CONFLICT AT THE BOARD LEVEL, THE MEMBER WILL RECUSE HIM OR HERSELF FROM DELIBERATIONS AND VOTING ON THAT ISSUE THE MINUTES OF ANY MEETING AT WHICH A CONFLICT OF INTEREST TRANSACTION IS CONSIDERED MUST REFLECT ALL DETAILS OF THE MATTER

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE MS FOUNDATION FOR WOMEN INC HAS ESTABLISHED A WRITTEN POLICY FOR THEIR COMPENSATION COMMITTEE, WHICH IS COMPRISED OF THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD, TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR THE PRESIDENT/CEO, COO AND ALL OTHER KEY EMPLOYEES, IF ANY THE POLICY MANDATES THAT THE EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMPENSATION COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST IN ADDITION, THE APPROVING COMPENSATION COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED THE COMPENSATION COMMITTEE USES A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES THE COMPENSATION COMMITTEES DECISION ON THE AMOUNT OF COMPENSATION PAID IS REQUIRED TO BE ADEQUATELY DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND SHOULD DOCUMENT THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE DECISION AND THOSE WHO VOTED ON IT, THE FULL TERMS OF THE COMPENSATION THAT WAS APPROVED AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE DECISION THE LAST REVIEW OF COMPENSATION WAS DONE ON OCTOBER 3, 2011

ldentifier	Return Reference	Explanation
	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 IN GUIDESTAR ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION FORMS 990, THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON A WRITTEN REQUEST AT 12 METROTECH CENTER, 26TH FLOOR, BROOKLYN, NY 11201 OR BY CALLING THE ORGANIZATION DIRECTLY AT (212)742-2300

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,494,070

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR