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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MS FOUNDATION FOR WOMEN INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
12 METROTECH CENTER NO 26 FL

City or town, state or country, and ZIP + 4
BROOKLYN, NY 11201

D Employer identification number
23-7252609

E Telephone number
(212)742-2300

G Gross receipts $ 17,301,979

F Name and address of principal officer
ANIKA RAHMAN
12 METROTECH CENTER NO 26 FL
BROOKLYN, NY 11201

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MS FOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1972 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MS FOUNDATION FOR WOMEN IS A PUBLIC FOUNDATION WORKING TOWARD PROGRESSIVE POLICY AND CULTURE CHANGE TO BENEFIT WOMEN AND COMMUNITIES IN THE U S THE FOUNDATION DELIVERS STRATEGIC GRANTS, CAPACITY BUILDING AND LEADERSHIP DEVELOPMENT TO OVER 150 ORGANIZATIONS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	38
6	Total number of volunteers (estimate if necessary)	**6**	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,424,381	4,787,881
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,243,474	1,153,501
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-136,191	-189,398
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,531,664	5,751,984
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,486,586	2,873,032
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,807,411	3,327,324
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	78,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,469,613		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,562,881	2,977,749
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,856,878	9,256,105
19	Revenue less expenses Subtract line 18 from line 12	1,674,786	-3,504,121

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	42,702,948	38,558,335
21	Total liabilities (Part X, line 26)	1,584,493	1,851,458
22	Net assets or fund balances Subtract line 21 from line 20	41,118,455	36,706,877

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2012-12-10
Signature of officer | Date

ANIKA RAHMAN PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ BARBARA VAN BERGEN | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00967804

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ O'CONNOR DAVIES LLP
500 MAMARONECK AVENUE
HARRISON, NY 105281633

EIN ▶ 13-3385019

Phone no ▶ (914) 381-8900

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MS FOUNDATION FOR WOMEN BUILDS WOMEN'S COLLECTIVE POWER TO REALIZE A NATION OF JUSTICE FOR ALL

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 5,237,842 including grants of $ 2,873,302) (Revenue $)

SEE SCHEDULE O - GRANTS AND CAPACITY BUILDINGTHE MS FOUNDATION FOR WOMEN PROVIDES A VARIETY OF PROGRAMS AND SERVICES IN SUPPORT OF CRITICAL, TARGETED ISSUES AFFECTING WOMEN AROUND THE COUNTRY AT THE GRASSROOTS, REGIONAL, AND NATIONAL LEVELS THE FOUNDATION MADE GRANTS TO 111 ORGANIZATIONS IN FISCAL YEAR 2012 - MOSTLY GRASSROOTS IN SIZE AND FOCUS AND OFTEN LED BY MARGINALIZED WOMEN AND WOMEN OF COLOR THE GRANTS WERE IN AREAS OF WOMEN'S HEALTH (INCLUDING REPRODUCTIVE JUSTICE, SEXUALITY EDUCATION AND WOMEN & HIV/AIDS), ECONOMIC JUSTICE AND VIOLENCE AGAINST WOMEN THE GOALS OF THE MS FOUNDATION CAPACITY BUILDING PROGRAM ARE TO SUPPORT ROBUST FIELDS THAT CORRESPOND WITH OUR GRANT MAKING AREAS AND STRENGTHEN ORGANIZATIONS BY EXPANDING PARTNERSHIPS, TRAINING LEADERS AND INCREASING SKILLS IN A VARIETY OF ESSENTIAL AREAS, SUCH AS FUNDRAISING AND COMMUNICATIONS THESE PROGRAMS BRING GRASSROOTS ORGANIZATIONS TOGETHER THROUGH CONVENINGS AND OTHER OPPORTUNITIES TO BECOME SUSTAINABLE AND SUCCESSFUL WHILE EXPANDING PARTNERSHIPS THAT RESULT IN SOCIAL JUSTICE MOVEMENTS ON A NATIONAL SCALE SIX GRANTEE CONVENINGS WERE HELD IN FISCAL YEAR 2012 THE MS FOUNDATION FOR WOMEN ALSO CURRENTLY HOSTS SEVERAL DONOR ADVISED FUNDS, INCLUDING THE OMA FUND, ASIAN WOMEN GIVING CIRCLE, E P FUND, SOPHIA AND GLORIA FUND

4b (Code) (Expenses $ 850,656 including grants of $ 0) (Revenue $)

SEE SCHEDULE O - PUBLIC EDUCATIONTHE MS FOUNDATION FOR WOMEN CONDUCTS PUBLIC EDUCATION IN AREAS CRITICAL TO WOMEN'S WELL-BEING SUCH AS WOMEN'S HEALTH, ECONOMIC JUSTICE AND ENDING GENDER-BASED VIOLENCE WE DO THIS IN MULTIPLE WAYS, INCLUDING THROUGH OUR WEBSITE, E-NEWSLETTER, BLOG PUBLICATIONS, ONLINE SOCIAL MEDIA, CAMPAIGNS AND PRESS OUTREACH OUR PUBLIC EDUCATION SEEKS TO BUILD SUPPORT FOR WOMEN'S SOLUTIONS TO THE PROBLEMS OUR COUNTRY FACES AND TO CREATE A NATION OF JUSTICE FOR ALL

4c (Code) (Expenses $ 51,871 including grants of $) (Revenue $)

SEE SCHEDULE O - ADVOCACY & POLICYIN 2012, THE MS FOUNDATION ESTABLISHED AN ADVOCACY AND POLICY DEPARTMENT TO DEVELOP THE MS FOUNDATION'S THOUGHT-LEADERSHIP AND ADVOCACY ON AN ARRAY OF ISSUES THAT IMPACT WOMEN WE SEEK TO - UNDERTAKE THOUGHTFUL, FACT-BASED POLICY ANALYSIS AND RESEARCH THAT HELPS DEFINE THE NATIONAL LANDSCAPE FOR WOMEN, INCLUDING THE IDENTIFICATION OF ASCENDING AND UNDERREPRESENTED ISSUES WE WILL RELEASE EXPERT REPORTS, PAPERS AND OTHER PUBLICATIONS THAT REFLECT RESEARCH AND EXPERTISE - ESTABLISH POLICY PRIORITIES THAT CHALLENGE THE STRUCTURAL FORCES ACROSS ISSUES THAT LEAD TO GENDER INEQUALITY AND THE CULTURE THOSE FORCES PERPETUATE - DEVELOP AND IMPLEMENT ADVOCACY STRATEGIES AND CAMPAIGNS TO CHANGE POLICIES AND PRACTICES THAT NEGATIVELY IMPACT WOMEN, UTILIZING MESSAGING EXPERTISE, SOCIAL MEDIA AND STRATEGIC COMMUNICATIONS TOOLS TO AFFECT CHANGE, AS WELL AS WORKING WITH PARTNERS ON-THE-GROUND- CREATE A HOLISTIC APPROACH THAT LINKS POLICY, ADVOCACY, COMMUNICATIONS, GRANTMAKING AND CAPACITY BUILDING

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 6,140,369

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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? *If "Yes," complete Schedule D, Part II*	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 temporarily restricted endowments, permanent endowments, 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			
a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part III and IV*	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? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "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		No
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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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 questions 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**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**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)			
a	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? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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? *If "Yes," complete Schedule R, Part I*	**33**		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		No
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**		No
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	34		
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	**2a**	38			
b	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)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**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 or securities 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**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
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).**					
a	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	
b	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 file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		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.**					
a	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					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
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 year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NC, OH, OK, OR, PA, RI, SC, TN, UT, WV, WI, VA, WA, ND, ME

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 made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CANDICE CARNAGE
12 METROTECH CENTER 26TH FLOOR
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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHEOBE ENG DIRECTOR	1 00	X						0	0	0
(2) ELIZABETH BREMNER DIRECTOR	1 00	X						0	0	0
(3) ASHLEY BLANCHARD VICE-CHAIR	1 00	X		X				0	0	0
(4) JEANNIE DIEFENDERFER DIRECTOR	1 00	X						0	0	0
(5) CATHY RAPHAEL CHAIR	1 00	X		X				0	0	0
(6) RENE A REDWOOD DIRECTOR	1 00	X						0	0	0
(7) KATHLEEN STEPHANSEN CO-TREASURER	1 00	X		X				0	0	0
(8) VERNA WILLIAMS SECRETARY	1 00	X		X				0	0	0
(9) EVE E ELLIS CO-TREASURER	1 00	X		X				0	0	0
(10) LAUREN EMBREY DIRECTOR	1 00	X						0	0	0
(11) HEATHER ARNET DIRECTOR	1 00	X						0	0	0
(12) ALICIA LARA DIRECTOR	1 00	X						0	0	0
(13) DOROTHY THOMAS DIRECTOR	1 00	X						0	0	0
(14) SUSAN WEFALD EXECUTIVE VP & COO THROUGH 10/31/11	40 00			X				153,951	0	22,413
(15) ANIKA RAHMAN PRESIDENT/CEO STARTING 2/14/11	40 00			X				177,572	0	699
(16) CANDICE CARNAGE VP FINANCE & ADMIN STARTING 1/3/12	40 00			X				0	0	0
(17) PATRICIA ENG VP PROGRAM - GCB	40 00					X		131,608	0	27,998

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) INA CLARK VP DEVELOPMENT	40 00					X		108,210	0	814
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								571,341	0	51,924

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 708,657				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 4,079,224				
	g	Noncash contributions included in lines 1a-1f $ 276,754				
	h	**Total.** Add lines 1a-1f . . . . . ▶	4,787,881			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	971,548			971,548
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 11,434,248 / 1,389				
	b	Less cost or other basis and sales expenses: 11,252,295 / 1,389				
	c	Gain or (loss): 181,953 / 0				
	d	Net gain or (loss) . . . . . ▶	181,953			181,953
	8a	Gross income from fundraising events (not including $ 708,657 of contributions reported on line 1c) See Part IV, line 18 . . . a 106,875				
	b	Less direct expenses . . . b 296,311				
	c	Net income or (loss) from fundraising events . . ▶	-189,436			-189,436
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	OTHER INCOME 900099	38			38
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	38			
	12	**Total revenue.** See Instructions . . . ▶	5,751,984	0	0	964,103

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,873,032	2,873,032		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	487,513	250,834	190,436	46,243
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,259,050	1,123,074	504,249	631,727
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	46,518	25,610	11,912	8,996
9	Other employee benefits	304,778	160,038	90,851	53,889
10	Payroll taxes	229,465	99,723	77,804	51,938
11	Fees for services (non-employees)				
a	Management				
b	Legal	12,819		12,819	
c	Accounting	28,250		28,250	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	78,000			78,000
f	Investment management fees	192,706		192,706	
g	Other	988,500	852,247	93,785	42,468
12	Advertising and promotion	22,417	19,304	1,511	1,602
13	Office expenses	302,590	103,619	47,536	151,435
14	Information technology	57,073	27,186	15,563	14,324
15	Royalties . .				
16	Occupancy	645,777	335,558	141,183	169,036
17	Travel	67,803	29,594	17,498	20,711
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,450	11,249	3,050	151
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	153,561		153,561	
23	Insurance	41,952		41,952	
24	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)				
a	CONVENINGS	179,221	179,221		
b	MAILHOUSE AND ACQUISITI	128,846			128,846
c	BAD DEBT EXPENSE	71,250	25,000		46,250
d	SPACE RENTAL AND CATERI	23,905	9,171	11,103	3,631
e					
f	All other expenses	46,629	15,909	10,354	20,366
25	**Total functional expenses.** Add lines 1 through 24f	9,256,105	6,140,369	1,646,123	1,469,613
26	**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 combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		500	1	27,558
	2	Savings and temporary cash investments		6,306,925	2	3,600,505
	3	Pledges and grants receivable, net		2,601,614	3	2,436,401
	4	Accounts receivable, net		5,012	4	16,233
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		89,263	9	372,519
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,901,299			
	b	Less accumulated depreciation	10b 1,136,000	864,028	10c	765,299
	11	Investments—publicly traded securities		32,522,913	11	31,103,562
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		312,693	15	236,258
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		42,702,948	16	38,558,335
Liabilities	17	Accounts payable and accrued expenses		377,884	17	598,205
	18	Grants payable		1,105,000	18	1,111,000
	19	Deferred revenue		101,609	19	142,253
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,584,493	26	1,851,458
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,978,763	27	3,729,322
	28	Temporarily restricted net assets		12,677,176	28	8,790,717
	29	Permanently restricted net assets		24,462,516	29	24,186,838
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		41,118,455	33	36,706,877
	34	Total liabilities and net assets/fund balances		42,702,948	34	38,558,335

Part XI Reconcilliation of Net Assets

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	5,751,984
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,256,105
3	Revenue less expenses Subtract line 2 from line 1	3	-3,504,121
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	41,118,455
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-907,457
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	36,706,877

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MS FOUNDATION FOR WOMEN INC

Employer identification number
23-7252609

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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 (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,211,601	10,282,536	5,702,704	8,424,381	4,787,881	39,409,103
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	10,211,601	10,282,536	5,702,704	8,424,381	4,787,881	39,409,103
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,277,494
6 **Public Support.** Subtract line 5 from line 4						30,131,609

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,211,601	10,282,536	5,702,704	8,424,381	4,787,881	39,409,103
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	965,249	759,094	688,570	1,056,685	871,548	4,341,146
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	2,621	1,391	1,331	5,014	38	10,395
11 **Total support** (Add lines 7 through 10)						43,760,644

12	Gross receipts from related activities, etc (See instructions)	12	475,127

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	68 860 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	70 310 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7252609
Name: MS FOUNDATION FOR WOMEN INC

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493345000092

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.**

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	42,319	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	17,741	
c Total lobbying expenditures (add lines 1a and 1b)	60,060	
d Other exempt purpose expenditures	7,726,432	
e Total exempt purpose expenditures (add lines 1c and 1d)	7,786,492	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	539,325	
g Grassroots nontaxable amount (enter 25% of line 1f)	134,831	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	566,368	431,455	430,631	539,325	1,967,779
b Lobbying ceiling amount (150% of line 2a, column(e))					2,951,669
c Total lobbying expenditures	79,897	55,000	106,811	60,060	301,768
d Grassroots non-taxable amount	141,592	107,864	107,658	134,831	491,945
e Grassroots ceiling amount (150% of line 2d, column (e))					737,918
f Grassroots lobbying expenditures	58,862	31,650	69,544	42,319	202,375

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? 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			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MS FOUNDATION FOR WOMEN INC

Employer identification number
23-7252609

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	7	
2	Aggregate contributions to (during year)	247,792	
3	Aggregate grants from (during year)	259,188	
4	Aggregate value at end of year	4,887,292	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	27,791,499	24,117,747	21,425,318	27,213,140	
b Contributions	178,487	551,617	461,695	88,670	
c Investment earnings or losses	46,615	4,476,605	3,137,027	-3,741,621	
d Grants or scholarships					
e Other expenditures for facilities and programs	1,245,610	1,354,470	906,293	2,134,871	
f Administrative expenses					
g End of year balance	26,770,991	27,791,499	24,117,747	21,425,318	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 4 430 %
- b Permanent endowment ▶ 90 330 %
- c Term endowment ▶ 5 240 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,329,989	733,512	596,477
d Equipment		571,310	402,488	168,822
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				765,299

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,751,984
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,256,105
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,504,121
4	Net unrealized gains (losses) on investments	4	-907,457
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	-907,457
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,411,578

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	4,651,821
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-907,457		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-907,457
3	Subtract line **2e** from line **1**			3	5,559,278
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	192,706		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	192,706
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,751,984

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	9,063,399
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	9,063,399
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	192,706		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	192,706
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,256,105

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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	PART X	MS FOUNDATION RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX THE MS FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2009

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SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MS FOUNDATION FOR WOMEN INC

Employer identification number
23-7252609

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
THE STANFORD GROUP 211 WEST 56TH STREET NEW YORK, NY 10019	DIRECT RESPONSE CONSULTING		No	139,979	78,000	61,979
Total . . . . . ▶				139,979	78,000	61,979

3 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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 WOMEN OF VISION (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	815,532			815,532
	2 Less Charitable contributions	708,657			708,657
	3 Gross income (line 1 minus line 2)	106,875			106,875
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	19,500			19,500
	6 Rent/facility costs	117,300			117,300
	7 Food and beverages	770			770
	8 Entertainment				
	9 Other direct expenses	158,741			158,741
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(296,311)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-189,436

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493345000092

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MS FOUNDATION FOR WOMEN INC

Employer identification number
23-7252609

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 80

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

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. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 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

Additional Data

Return to Form

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
A LONG WALK HOME1658 N MILWAUKEE AVE SUITE 104 CHICAGO,IL 60647	30-0053613	501(C)3	10,000				DONOR ADVISED GRANT
ABORTION ACCESS PROJECT 47 THORNDIKE STREET CAMBRIDGE,MA 02141	04-3298538	501(C)3	20,000				DONOR ADVISED GRANT

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

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ACT FOR WOMEN AND GIRLS313 N WEST VISALIA,CA 93297	26-0287450	501(C)3	50,000				TO PROVIDE GENERAL SUPPORT
ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH1330 BROADWAY SUITE 1100 OAKLAND,CA 94612	94-6036493	501(C)3	20,000				TO SUPPORT AN INITIATIVE TO ALIGN THE MOVEMENT FOR REPRODUCTIVE HEALTH, RIGHTS AND JUSTICE

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIDS SERVICES OF AUSTIN INC 7215 CAMERON ROAD AUSTIN,TX 78752	74-2440845	501(C)3	15,000				TO STRENGTHEN THE FUNDRAISING CAPACITY AND SUPPORT A FUNDRAISING PLAN
ALL OUR KIN INC 134 GRAND AVENUE SECOND FLOOR NEW HAVEN,CT 06513	06-1539280	501(C)3	50,000				TO PROVIDE GENERAL SUPPORT

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

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ASSOCIATION FOR SUPPORTIVE CHILD CARE3910 SOUTH RURAL ROAD SUITE E TEMPE,AZ 85282	86-0332919	501(C)3	30,000				TO SUPPORT A PROGRAM ADVOCATING FOR FAMILY, FRIEND AND NEIGHBOR CHILD CARE PROVIDERS
AUBURN UNIVERSITY OF MONTGOMERYPO BOX 244023 MONTGOMERY,AL 361244023	63-6000724	N/A	16,667				TO SUPPORT THE CREATION OF A REPORT OF SEXUAL HEALTH IN 10 SELECTED SOUTHERN STATES

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BABES NETWORK-YWCA1118 FIFTH AVENUE SEATTLE, WA 98101	91-0482890	501(C)3	15,000				TO SUPPORT EFFORTS TO IMPROVE ITS OVERALL INDIVIDUAL GIVING FUNDRAISING STRATEGY
CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK111 NEW MONTGOMERY STREET 7TH FLOOR FLOOR SAN FRANCISCO, CA 94105	94-2718807	501(C)3	50,000				TO SUPPORT A PROGRAM ORGANIZING LOW-INCOME WORKING MOTHERS TO IMPROVE CHILD CARE SYSTEM

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA COALITION AGAINST SEXUAL ASSAULT1215 K STREET SUITE 1850 SACRAMENTO,CA 95814	94-2800985	501(C)3	21,800				TO SUPPORT A NATIONAL WEB CONFERENCE SERIES TO ADDRESS THE PREVENTION OF CHILD SEXUAL ABUSE
CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE244 S SAN PEDRO STREET SUITE 405 LOS ANGELES,CA 90012	26-2213868	501(C)3	50,000				TO PROVIDE GENERAL SUPPORT

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

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CENTER FOR HEALTH AND GENDER EQUALITY 1317 F STREET NW SUITE 400 WASHINGTON,DC 20004	31-1794048	501(C)3	10,000				DONOR ADVISED GRANT
CHILDSPACE COOPERATIVE DEVELOPMENT INC 5517 GREENE STREET PHILADELPHIA,PA 19144	04-3028849	501(C)3	50,000				TO PROVIDE GENERAL SUPPORT

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

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CHOICE USA1317 F STREET NW SUITE 501 WASHINGTON,DC 20004	52-1772575	501(C)3	50,000				TO PROVIDE GENERAL SUPPORT
CHRISTIE'S PLACE 2440 THIRD AVENUE SAN DIEGO,CA 92101	91-1878632	501(C)3	15,000				TO DEVELOP A STRONGER DONOR TRACKING SYSTEM,TO DEVELOP A STRONGER DONOR TRACKING SYSTEM AND DEVELOP INDIVIDUAL GIVING FUNDRAISING STRATEGY

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHTS827 SHERMAN STREET DENVER,CO 80204	84-1569021	501(C)3	50,000				TO PROVIDE GENERAL SUPPORT
CONNECT INC3 WEST 29TH STREET 9TH FLOOR NEW YORK,NY 10001	02-0694269	501(C)3	6,000				TO SUPPORT EXECUTIVE TRANSITION

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECT INC3 WEST 29TH STREET 9TH FLOOR NEW YORK, NY 10001	02-0694269	501(C)3	25,000				TO TRANSFORM THE SILENCE THAT SURROUNDS CHILD SEXUAL ABUSE IN NEW YORK CITY'S FAITH COMMUNITIES
DARKNESS TO LIGHT7 RADCLIFFE STREET CHARLESTON, SC 29403	57-1095108	501(C)3	6,000				TO BUILD CAPACITY IN DEVELOPING ITS BOARD AND FURTHER CLARIFY ITS ORGANIZATIONAL GOALS AND VALUES

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

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DARKNESS TO LIGHT7 RADCLIFFE STREET CHARLESTON,SC 29403	57-1095108	501(C)3	30,000				TO WORK WITH FEDERAL AGENCIES TO INTEGRATE CHILD SEXUAL ABUSE PREVENTION POLICIES INTO YOUTH PROGRAMS
DOMESTIC WORKER ORAL HISTORY PROJECT 4015 N ROCKWELL 2ND FLOOR CHICAGO,IL 60618	36-4400754	501(C)3	7,000				DONOR ADVISED GRANT

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

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DOMESTIC WORKERS UNITED10 WEST 37TH STREET SUITE 4W NEW YORK, NY 10018	13-3526938	501(C)3	50,000				TO SUPPORT WORK TO ENGAGE CAREGIVERS IN THE INFORMAL SECTOR TO EXPAND WORKERS' RIGHTS
EL PUEBLO INC 700 BLUE RIDGE ROAD SUITE 101 RALEIGH, NC 27606	56-1934310	501(C)3	40,000				TO SUPPORT AN INTENSIVE REPRODUCTIVE HEALTH AND JUSTICE TRAINING WITH LATINA AND YOUTH LEADERS

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

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FAITH ALOUDPO BOX 430070 STLOUIS,MO 63143	43-1258031	501(C)3	8,000				TO SUPPORT AN AGGRESSIVE MEDIA AND "GET OUT THE VOTE" CAMPAIGN
FEDERATION OF CHILD CARE CENTERS OF ALABAMA3703 ROSA L PARKS AVENUE MONTGOMERY,AL 36105	23-7205238	501(C)3	50,000				TO PROVIDE GENERAL SUPPORT

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

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FEMINIST MAJORITY FOUNDATION433 S BEVERLY DRIVE BEVERLY HILLS,CA 90212	54-1426440	501(C)3	30,000				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	35,000				TO LAUNCH A PILOT PROGRAM CENTERING THE EXPERIENCES OF CHILD SEXUAL ABUSE SURVIVORS

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIJI THEATER COMPANY INC DBA PING CHONG & COMPANY47 GREAT JONES STREET 6TH FLOOR NEW YORK, NY 10012	13-2874863	501(C)3	80,000				TO SUPPORT THE PING CHONG & COMPANY CSA ARTS & ACTIVISM TRAINING INSTITUTE, WHICH AIMS TO BUILD THE CAPACITY OF LOCAL COMMUNITIES TO DEVELOP AND IMPLEMENT ARTISTIC PROJECTS CENTERING THE EXPERIENCES OF CHILD SEXUAL ABUSE SURVIVORS
GENERATIONFIVEPO BOX 1715 OAKLAND, CA 94604	27-0044294	501(C)3	6,000				TO REDESIGN ITS WEBSITE

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

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GENERATIONFIVEPO BOX 1715 OAKLAND,CA 94604	27-0044294	501(C)3	35,000				TO PROVIDE GENERAL SUPPORT TO EXPAND THE BAY AREA TRANSFORMATIVE JUSTICE COLLABORATIVE
IBIS REPRODUCTIVE HEALTH17 DUNSTER STREET SUITE 201 CAMBRIDGE,MA 02138	03-0382773	501(C)3	10,000				DONOR ADVISED GRANT

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

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ILLINOIS ACTION FOR CHILDREN 4753 N BROADWAY SUITE 1200 CHICAGO,IL 60640	36-2712912	501(C)3	30,000				TO PROVIDE SUPPORT TO MAINTAIN PARENT CHOICE AND EXPAND QUALITY IMPROVEMENT SUPPORTS FOR INFORMAL CHILD CARE
IMMIGRATION POLICY CENTER AMERICAN IMMIGRATION COUNCIL1331 G STREET NW SUITE 200 WASHINGTON,DC 20005	52-1549711	501(C)3	50,000				TO SUPPORT A PROJECT PROMOTING A BETTER UNDERSTANDING OF THE RELATIONSHIP BETWEEN GENDER AND IMMIGRATION

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOBS WITH JUSTICE EDUCATION FUND 1325 MASSACHUSETTS NW SUITE 200 WASHINGTON,DC 20005	52-1865575	501(C)3	50,000				TO SUPPORT A PROGRAM PROMOTING SOLUTIONS FOR QUALITY HOME CARE
JOYFUL HEART FOUNDATION (PROJECT NO MORE) 32 WEST 22ND STREET 4TH FLOOR NEW YORK,NY 10010	72-1519537	501(C)3	15,000				TO SUPPORT THE VISIBILITY OF CHILD SEXUAL ABUSE AS PART OF DOMESTIC AND SEXUAL VIOLENCE

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

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KINGSBRIDGE HEIGHTS COMMUNITY CENTER3101 KINGSBRIDGE TERRACE BRONX,NY 10463	13-2813809	501(C)3	6,000				TO BUILD SUPPORT TO ENSURE THE INTEGRATION OF CHILD SEXUAL ABUSE COMMUNICATIONS
KINGSBRIDGE HEIGHTS COMMUNITY CENTER3101 KINGSBRIDGE TERRACE BRONX,NY 10463	13-2813809	501(C)3	35,000				TO TRAIN AND SUPPORT SURVIVORS TO PARTICIPATE AS ADVOCATES TO INCREASE FUNDING FOR ABUSE PREVENTION

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

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MANSEE KING724 LEONARD STREET APT 4B BROOKLYN,NY 11222	13-2624257	501(C)3	10,000				DONOR ADVISED GRANT
MASSACHUSETTS CITIZENS FOR CHILDREN14 BEACON STREET SUITE 706 BOSTON,MA 02108	04-2276809	501(C)3	6,000				TO PILOT A NEW PROGRAM FOR YOUTH-SERVING ORGANIZATIONS SEEKING TO PREVENT CHILD SEXUAL ABUSE

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

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MASSACHUSETTS CITIZENS FOR CHILDREN14 BEACON STREET SUITE 706 BOSTON,MA 02108	04-2276809	501(C)3	75,000				TO EXPAND THE ENOUGH ABUSE CAMPAIGN
MINNESOTA COALITION AGAINST SEXUAL ASSAULT161 ST ANTHONY AVENUE SUITE 1001 ST PAUL,MN 55103	41-1459621	501(C)3	6,000				TO DEVELOP A LONG-TERM STRATEGIC COMMUNICATIONS PLAN

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

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MINNESOTA COALITION AGAINST SEXUAL ASSAULT161 ST ANTHONY AVENUE SUITE 1001 ST PAUL,MN 55103	41-1459621	501(C)3	40,000				TO SUPPORT EFFORTS TO PREVENT CHILD SEXUAL ABUSE
MISSISSIPPI LOW INCOME CHILDCARE INITIATIVE684 WALKER STREET BILOXI,MS 39530	64-0943404	501(C)3	75,000				TO SUPPORT EFFORTS TO INCREASE REVENUE STREAMS AND PUBLIC FUNDING FOR CHILD CARE

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

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MOMSRISING 12011 BEL-RED ROAD SUITE 206B BELLEVUE,WA 98005	20-4448446	501(C)4	10,000				DONOR ADVISED GRANT
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM 155 WATER STREET BROOKLYN,NY 11201	94-3213100	501(C)3	60,000				TO PROVIDE GENERAL SUPPORT

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

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NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH50 BROAD STREET SUITE 1937 NEW YORK, NY 10004	52-1891734	501(C)3	60,000				TO PROVIDE GENERAL SUPPORT
NATIONAL NETWORK OF ABORTION FUNDS11 ARLINGTON STREET BOSTON, MA 02116	04-3236982	501(C)3	20,000				DONOR ADVISED GRANT

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

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NATIONAL WOMEN AND AIDS COLLECTIVE CO CHANGE1317 F STREET NW SUITE 400 WASHINGTON, DC 20004	31-1794048	501(C)3	10,000				TO SUPPORT A NEW CAPACITY-BUILDING REGIONAL INITIATIVED
NATIVE AMERICA COMMUNITY BOARDPO BOX 572 LAKE ANDES, SD 57356	46-0392867	501(C)3	40,000				TO PROVIDE GENERAL SUPPORT

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

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NEW YORK FOUNDATION FOR THE ARTS20 JAY STREET 7TH FLOOR BROOKLYN, NY 11201	23-7129564	501(C)3	8,500				DONOR ADVISED GRANT
NORTHWEST HEALTH LAW ADVOCATES4759 15TH AVE NE SUITE 305 SEATTLE, WA 98105	91-1961032	501(C)3	42,500				TO SUPPORT A CAMPAIGN TO SECURE PREVENTIVE REPRODUCTIVE HEALTH AS A CORE OF PRIMARY CARE

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

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NURSING STUDENTS FOR CHOICE2300 MYRTLE AVE SUITE 120 ST PAUL,MN 55114	27-0560247	501(C)3	15,000				DONOR ADVISED GRANT
ONEAMERICA1225 S WELLER STREET SUITE 430 SEATTLE,WA 98144	20-0384893	501(C)3	7,500				DONOR ADVISED GRANT

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON ABUSE ADVOCATES AND SURVIVORS IN SERVICE1650 NW NAITO PARKWAY SUITE 302 PORTLAND,OR 97204	27-1493650	501(C)3	12,800				TO DEVELOP A FUNDRAISING STRATEGY
OREGON ABUSE ADVOCATES AND SURVIVORS IN SERVICE1650 NW NAITO PARKWAY SUITE 302 PORTLAND,OR 97204	27-1493650	501(C)3	50,000				TO PROVIDE GENERAL SUPPORT

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON FOUNDATION FOR REPRODUCTIVE HEALTH310 SW 4TH AVENUE SUITE 840 PORTLAND,OR 97204	93-0803636	501(C)3	50,000				TO SUPPORT A CAMPAIGN TO SECURE PREVENTIVE REPRODUCTIVE HEALTH AS A CORE OF PRIMARY CARE
PEACE OVER VIOLENCE1015 WILSHIRE BLVD SUITE 200 LOS ANGELES,CA 90017	51-0179305	501(C)3	6,000				TO IMPLEMENT A DATA COLLECTION AND OUTCOMES MEASUREMENT SYSTEM

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PEACE OVER VIOLENCE1015 WILSHIRE BLVD SUITE 200 LOS ANGELES,CA 90017	51-0179305	501(C)3	25,000				TO PROVIDE SUPPORT TO ENGAGE SUPPORTERS AROUND CHILD SEXUAL ABUSE
PEOPLE'S THEATRE PROJECT715 W 172ND STREET SUITE 64 NEW YORK,NY 10032	26-4705999	501(C)3	6,000				DONOR ADVISED GRANT

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PLANNED PARENTHOOD FEDERAL OF AMERICA434 W 33RD STREET NEW YORK, NY 10001	13-1644147	501(C)3	12,376				DONOR ADVISED GRANT
PLANNED PARENTHOOD OF SOUTHEAST75 PIEDMONT AVE NE 800 ATLANTA, GA 30303	58-6045874	501(C)3	50,000				TO SUPPORT A PROGRAM AIMING TO INCREASE THE BASE OF SUPPORTERS IN HISTORICALLY BLACK COLLEGES

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PLANNED PARENTHOOD PUBLIC POLICY NETWORK OF WASHINGTON2001 E MADISON STREET SEATTLE,WA 98122	91-0686012	501(C)3	42,500				TO SUPPORT A CAMPAIGN TO ENSURE WOMEN HAVE DIRECT, CONFIDENTIAL ACCESS TO REPRODUCTIVE HEALTH CARE
PREVENT CHILD ABUSE AMERICA 228 S WABASH AVE 10TH FLOOR CHICAGO,IL 60604	23-7235671	501(C)3	6,000				TO CONVENE STATE AND NATIONAL PARTNERS IN PREPARATION OF CAMPAIGN REPLICATION AND EXPANSION

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PREVENT CHILD ABUSE AMERICA 228 S WABASH AVE 10TH FLOOR CHICAGO,IL 60604	23-7235671	501(C)3	100,000				TO SUPPORT EFFORTS TO MAINTAIN A SUSTAINABLE INFRASTRUCTURE FOR CHILD SEXUAL ABUSE PREVENTION
PREVENT CHILD ABUSE NORTH CAROLINA3701 NATIONAL DRIVE SUITE 211 RALEIGH,NC 27612	58-1366718	501(C)3	6,000				TO RESEARCH SEX OFFENDER TREATMENTS AND DEVELOP POLICY RECOMMENDATIONS

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PREVENT CHILD ABUSE NORTH CAROLINA3701 NATIONAL DRIVE SUITE 211 RALEIGH, NC 27612	58-1366718	501(C)3	50,000				TO SUPPORT EFFORTS TO ESTABLISH EVIDENCE-BASED POLICIES AND PRACTICES THAT PREVENT CHILD SEXUAL ABUSE
PRO-CHOICE RESOURCES250 3RD AVE N SUITE 625 MINNEAPOLIS, MN 55401	41-0971333	501(C)3	40,000				TO PROVIDE GENERAL SUPPORT TO THE MINNESOTA CAMPAIGN PROTECTING STATE MEDICAID COVERAGE OF ABORTION

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROJECT SOUTH INSTITUTE FOR THE ELIMINATION OF POVERTY & GENOCIDE9 GAMMON AVE ATLANTA,GA 30315	58-1956686	501(C)3	30,000				TO SUPPORT EFFORTS TO STRENGTHEN PUBLIC FUNDING FOR CHILD CARE
RAISING WOMEN'S VOICES NY475 RIVERSIDE DRIVE SUITE 1600 NEW YORK,NY 10015	04-3355127	501(C)3	45,000				TO SUPPORT A CAMPAIGN ADVOCATING FOR THE CREATION OF A NEW YORK STATE HEALTH BENEFITS EXCHANGE

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REPRODUCTIVE JUSTICE COLLECTIVE316 N MILWAUKEE STREET SUITE 215 MILWAUKEE,WI 53202	51-0544927	501(C)3	30,000				TO PROVIDE GENERAL SUPPORT
RESTAURANT OPPORTUNITIES CENTER UNITED350 7TH AVE SUITE 1504 NEW YORK,NY 10001	03-0522321	501(C)3	50,000				TO PROVIDE SUPPORT TO DESIGN, IMPLEMENT AND PUBLISH A SURVEY OF FEMALE RESTAURANT WORKERS

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAMARITAN COUNSELING CENTER1803 OREGON PIKE LANCASTER,PA 17601	23-2467315	501(C)3	6,000				TO DEVELOP MATERIALS ALLOWING FOR THE EXPANSION OF THE SAFE CHURCH PROJECT
SAMARITAN COUNSELING CENTER1803 OREGON PIKE LANCASTER,PA 17601	23-2467315	501(C)3	30,000				TO EXPAND THE SAFE CHURCH PROJECT

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SERVICE WOMEN'S ACTION NETWORKPO BOX 1758 NEW YORK, NY 101561758	13-2612524	501(C)3	15,000				DONOR ADVISED GRANT
SMART1751 PARK AVENUE 3RD FLOOR NEW YORK, NY 10035	13-2633756	501(C)3	10,000				TO PROVIDE SUPPORT TO DEVELOP INDIVIDUAL FUNDRAISING STRATEGIES AND STRENGTHEN BOARD RECRUITMENT

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTH CAROLINA CAMPAIGN TO PREVENT TEEN PREGNANCY1511 GREGG STREET COLUMBIA,SC 29201	57-0897120	501(C)3	7,500				TO SUPPORT BETTER UNDERSTANDING OF OPPORTUNITIES AVAILABLE IN THE SOUTHERN STATES AROUND SEXUAL HEALTH EDUCATION
SPARK REPRODUCTIVE JUSTICE NOW2048 HOSEA WILLIAMS DR NE SUITE B ATLANTA,GA 30317	58-1872316	501(C)3	30,000				TO PROVIDE GENERAL SUPPORT

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STOP IT NOW351 PLEASANT STREET SUITE B-319 NORTHAMPTON, MA 01060	04-3150129	501(C)3	6,000				TO REFINE STRATEGIC PLANNING AND STREAMLINE PROJECT MANAGEMENT SYSTEMS
STOP IT NOW351 PLEASANT STREET SUITE B-319 NORTHAMPTON, MA 01060	04-3150129	501(C)3	30,000				TO WORK WITH FEDERAL AGENCIES TO INTEGRATE CHILD SEXUAL ABUSE PREVENTION POLICIES INTO YOUTH PROGRAMS

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEACH OUR CHILDREN244 5TH AVENUE SUITE T242 NEW YORK, NY 10001	27-2763109	501(C)3	20,000				TO PROVIDE GENERAL SUPPORT
TEWA WOMEN UNITED912 FAIRVIEW LANE ESPANOLA, NM 87532	85-0480836	501(C)3	6,000				TO CONDUCT STRATEGIC PLANNING

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEWA WOMEN UNITED912 FAIRVIEW LANE ESPANOLA,NM 87532	85-0480836	501(C)3	30,000				TO SUPPORT THE INTEGRATION OF CHILD SEXUAL ABUSE PREVENTION INTO ALL ASPECTS OF ITS PROGRAMMING
TEXAS FREEDOM NETWORK EDUCATION FUND 608 W 22ND STREET AUSTIN,TX 78705	74-2788317	501(C)3	45,000				TO PROVIDE SUPPORT TO INCREASE ACCESS TO BIRTH CONTROL FOR TEXANS

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE MUSLIMS ARE COMING141 EAST 3RD STREET APT 2H NEW YORK, NY 10009	13-2742777	501(C)3	8,000				DONOR ADVISED GRANT
THE OLE EDUCATION FUND 411 BELLAMAH NW ALBURQUERQUE, NM 87102	27-1275857	501(C)3	50,000				TO SUPPORT EFFORTS TO ENSURE CHILD CARE WORKER AND PARENT PARTICIPATION IN EARLY EDUCATION POLICY REFORM

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THIRD WAVE FOUNDATION220 EAST 23RD STREET SUITE 509 NEW YORK, NY 10010	13-3670260	501(C)3	25,000				DONOR ADVISED GRANT
TRUSTEES OF HAMPSHIRE COLLEGE853 WEST STREET AMHERST, MA 01002	04-6130872	501(C)3	10,000				TO SUPPORT AN EFFORT ADVANCING DIVERSE MOVEMENT FOR REPRODUCTIVE JUSTICE AND SOCIAL CHANGE

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VERA INSTITUTE OF JUSTICE233 BROADWAY 12TH FLOOR NEW YORK, NY 10279	13-1941627	501(C)3	60,000				TO CONDUCT RESEARCH AND DEVELOP A PUBLICATION ON THE PREVENTION OF CHILD SEXUAL ABUSE
VOCAL - NY80-A FOURTH AVE BROOKLYN, NY 11217	13-4094385	501(C)3	10,000				TO SUPPORT THE DONOR CANVASSING PROJECT

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST VIRGINIA FREE ACTION FUND100 CAPITOL STREET SUITE 1005 CHARLESTON, WV 25301	55-0715930	501(C)3	25,000				TO PROVIDE SUPPORT THAT REPRODUCTIVE HEALTH SERVICES IS INCLUDED IN HEALTH CARE REFORM IMPLEMENTATION
WEST VIRGINIA FREE100 CAPITOL STREET SUITE 1005 CHARLESTON, WV 25301	55-0715930	501(C)3	50,000				TO PROVIDE SUPPORT TO IMPROVE THE DELIVERY OF SEX EDUCATION

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN ALIVE COALITION3450 W 43RD STREET SUITE 104 LOS ANGELES,CA 90008	95-4547514	501(C)3	10,000				TO SUPPORT INTERNAL STAFF AND BOARD INFRASTRUCTURE
WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES449 15TH STREET SUITE 303 OAKLAND,CA 94612	94-3177103	501(C)3	15,000				TO SUPPORT AN INDIVIDUAL GIVING AND MAJOR GIFTS FUNDRAISING CAMPAIGN

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN'S FUND OF MISSISSIPPI120 N CONGRESS ST SUITE 903 JACKSON,MS 39201	26-4419982	501(C)3	50,000				TO PROVIDE SUPPORT TO INCREASE THE ECONOMIC SECURITY OF WOMEN AND CHILDREN IN SOUTHERN MISSISSIPPI
YOUNG WOMEN UNITED120 MORNINGSIDE NE ALBURQUERQUE,NM 87108	85-0481224	501(C)3	50,000				TO PROVIDE SUPPORT TO IMPROVE YOUNG PEOPLE'S ACCESS TO REPRODUCTIVE HEALTH SERVICES

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN MAKE MOVIES462 BROADWAY SUITE 500WS NEW YORK, NY 100131510	13-2740460	501(C)3	10,000				TO PROVIDE GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MS FOUNDATION FOR WOMEN INC

Employer identification number
23-7252609

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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)			
b	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	**1b**		
2	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**		
3	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 ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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.			
5	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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	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**		No
8	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 in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN WEFALD	(i)	153,951	0	0	4,888	17,525	176,364	0
	(ii)	0	0	0	0	0	0	0
(2) ANIKA RAHMAN	(i)	177,572	0	0	0	699	178,271	0
	(ii)	0	0	0	0	0	0	0
(3) PATRICIA ENG	(i)	131,608	0	0	4,045	23,953	159,606	0
	(ii)	0	0	0	0	0	0	0

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MS FOUNDATION FOR WOMEN INC

Employer identification number
23-7252609

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	11	257,254	PROCEEDS OF STOCK SALES
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (AUCTION ITEMS)	X	5	19,500	DONOR DETERMINED
26	Other ▸ ( )				
27	Other ▸ ( )				
28	Other ▸ ( )				

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

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

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MS FOUNDATION FOR WOMEN INC

Employer identification number
23-7252609

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE BY-LAWS WERE AMENDED TO INCLUDE AN EMERITUS BOARD MEMBER FORMER MEMBERS OF THE BOARD OF DIRECTORS ARE ELIGIBLE TO SERVE AS EMERITUS DIRECTORS THIS CLASS OF DIRECTORSHIP WAS CREATED 1) TO ACKNOWLEDGE RETIRING DIRECTORS WHO HAVE MADE AND ARE LIKELY TO CONTINUE TO MAKE A SIGNIFICANT CONTRIBUTION TO THE CORPORATION, AND 2) TO PROVIDE CONTINUITY AND INSTITUTIONAL MEMORY FOR THE ORGANIZATION AN EMERITUS DIRECTOR SHALL HAVE NO VOTING PRIVILEGES, AND SHALL SERVE FOR A TWO-YEAR TERM, WHICH MAY BE RENEWED SERVICE AS AN EMERITUS DIRECTOR SHALL NOT GRANT OR IMPOSE ANY POWER, DUTY OR RESPONSIBILITY WITH RESPECT TO THE BOARD OF DIRECTORS OR CONSTITUTE MEMBERSHIP ON THE BOARD OF DIRECTORS

Identifier	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 VP FINANCE AND ADMINISTRATION AND WHOLE COMMITTEE FOR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED FOR FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	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	IN FEBRUARY 2012, THE MS FOUNDATION FOR WOMEN RETAINED AN OUTSIDE CONSULTING GROUP TO DEVELOP A FORMAL EMPLOYEE PAY PROGRAM FOR ALL EMPLOYEES THE INITIAL PHASE WAS TO ASSESS EXTERNAL MARKET COMPETIVENESS OF CURRENT TOTAL COMPENSATION - PAY AND BENEFITS FOR THE EXECUTIVE TEAM, INCLUDING THE PRESIDENT AND CEO THE GROUP UTILIZED EXISTING MS FOUNDATION RESEARCH DATA TO ESTABLISH A SURVEY PEER GROUP FOR BENCHMARKING THE COVERED EXECUTIVES' CURRENT TOTAL COMPENSATION - THE SURVEY PEER GROUP CONSISTS OF 15 NOT-FOR-PROFIT ORGANIZATIONS WHICH ARE COMPARABLE TO MS FOUNDATION IN TERMS OF TYPE OF NOT-FOR-PROFITS AND SIZE OF ANNUAL OPERATING REVENUES - EIGHT OF THE SURVEY PEER GROUP ORGANIZATIONS WERE OBTAINED FROM MS FOUNDATION'S COMPARABLE ORGANIZATIONS LIST, AND AN ADDITIONAL FIVE ORGANIZATIONS WERE OBTAINED FROM MS FOUNDATION'S OTHER ORGANIZATIONS LISTS - AND TWO ADDITIONAL ORGANIZATIONS FOR INCLUSION IN MS FOUNDATION'S SURVEY PEER GROUP THE GROUP REVIEWED THE EXTERNAL MARKET COMPETITIVENESS OF THE COVERED MS FOUNDATION EXECUTIVES' CURRENT TOTAL COMPENSATION IN RELATION TO THOSE PROVIDED TO SIMILAR EXECUTIVES IN THE ESTABLISHED SURVEY PEER GROUP THE RESULTS OF THE EXECUTIVE COMPENSATION STUDY WERE PRESENTED TO THE BOARD OF DIRECTORS IN MARCH 2012 BASED ON THE RESULTS, THE BOARD APPROVED A PAY INCREASE FOR THE PRESIDENT AND CEO AFTER HER ANNUAL EVALUATION IN MAY 2012 THE PRESIDENT AND CEO BASED HER STAFF SALARY RECOMMENDATIONS FOR FISCAL YEAR 2013 ON THE FULL COMPENSATION STUDY AND THE FISCAL YEAR 2013 BUDGET WAS APPROVED BY THE BOARD OF DIRECTORS IN JUNE 2012

Identifier	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -907,457

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