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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

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)

12 METROTECH CENTER NO 26 FL

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BROOKLYN, NY 11201

D Employer identification number

23-7252609

E Telephone number

(212) 742-2300

G Gross receipts \$ 23,509,716

F Name and address of principal officer

TERESA YOUNGER

12 METROTECH CENTER NO 26 FL

BROOKLYN, NY 11201

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates 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.FORWOMEN.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1972

M State of legal domicile

NY

Part I		Summary	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities "OUR MISSION IS TO BUILD WOMEN'S COLLECTIVE POWER TO REALIZE A NATION OF JUSTICE FOR ALL"	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	51
	6	Total number of volunteers (estimate if necessary)	14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34	0
		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	8,277,6514,608,704
	9	Program service revenue (Part VIII, line 2g)	00
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,555,2893,845,714
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-215,088-188,340
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,617,8528,266,078
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,772,5002,105,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)	00
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,736,0423,114,596
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	78,00022,000
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 1,138,474	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,010,1962,979,781
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,596,7388,221,877
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	1,021,11444,201
		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	41,696,07343,272,978
	21	Total liabilities (Part X, line 26)	1,254,7281,231,129
	22	Net assets or fund balances Subtract line 21 from line 20	40,441,34542,041,849

Part II

Signature Block

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

Sign Here

Signature of officer

2014-11-10

Date

ROSINA BARBA VP FINANCE AND ADMINISTRATION

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

GARRETT M HIGGINS

Preparer's signature

Date

2014-10-27

Check ☐ if self-employed

PTIN

P00543209

Firm's name

O'CONNOR DAVIES LLP

Firm's EIN

27-1728945

Firm's address

500 MAMARONECK AVENUE

HARRISON, NY 105281633

Phone no

(914) 381-8900

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

OUR MISSION IS TO BUILD WOMEN'S COLLECTIVE POWER TO REALIZE A NATION OF JUSTICE FOR ALL WE FOCUS ON ECONOMIC JUSTICE, REPRODUCTIVE HEALTH, AND SAFETY WE ARE THE FIRST AND LARGEST DOMESTICALLY-FOCUSED WOMEN'S FOUNDATION IN THE COUNTRY

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

checked

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

checked

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 3,789,979 including grants of \$ 2,105,500) (Revenue \$)

THE MS FOUNDATION FOR WOMEN PROVIDES A VARIETY OF PROGRAMS AND SERVICES IN SUPPORT OF ISSUES AFFECTING WOMEN IN THE UNITED STATES IN 2014, THE FOUNDATION PROVIDED GRANTS TO 77 ORGANIZATIONS WORKING ON KEY ISSUES OF REPRODUCTIVE HEALTH, CHILD SEXUAL ABUSE PREVENTION, AFFORDABLE CHILD CARE AND QUALITY CHILD CARE JOBS IN ADDITION, THROUGH ITS CAPACITY BUILDING PROGRAMS, THE FOUNDATION PROVIDES ASSISTANCE IN STRATEGIC COMMUNICATIONS, ORGANIZATIONAL DEVELOPMENT AND FINANCIAL MANAGEMENT IN 2014, IT SPONSORED NUMEROUS WEBINARS AS WELL AS GRANTEE CONVENINGS AND ROUNDTABLES THE MS FOUNDATION ALSO HOSTS DONOR ADVISED FUNDS INCLUDING THE OMA FUND, ASIAN WOMEN GIVING CIRCLE, E P FUND, AND THE SOPHIA AND GLORIA"

4b

(Code) (Expenses \$ 936,846 including grants of \$) (Revenue \$)

THE MS FOUNDATION FOR WOMEN CONDUCTS PUBLIC EDUCATION IN AREAS CRITICAL TO WOMEN'S WELLBEING, SUCH AS HEALTH AND REPRODUCTIVE JUSTICE, ECONOMIC JUSTICE, AND ENDING VIOLENCE AGAINST WOMEN AND GIRLS WE EDUCATE AND ENGAGE AUDIENCES THROUGH OUR WEBSITE, BLOGS, SOCIAL MEDIA PLATFORMS, ONLINE ACTION CAMPAIGNS, AND MEDIA PLACEMENTS THROUGH NEWS OUTLETS ACROSS THE COUNTRY OUR PUBLIC EDUCATION EFFORTS HELP CHANGE THE PUBLIC DISCOURSE ON OUR CORE ISSUES BOTH BY ENGAGING INDIVIDUALS IN CONVERSATIONS ABOUT THE ISSUES AND BY CHANGING THE NARRATIVE IN MEDIA

4c

(Code) (Expenses \$ 565,503 including grants of \$) (Revenue \$)

THE ADVOCACY AND POLICY PROGRAM ENHANCES THE ORGANIZATION'S REACH, THOUGHT LEADERSHIP AND STRATEGICALLY PROMOTE POLICIES AND PRACTICES TO IMPROVE THE CONDITIONS AND LIVES OF WOMEN THIS YEAR, THE MS FOUNDATION INITIATED ADVOCACY CAMPAIGNS THAT STRENGTHENED OUR VOICE AND THOSE OF OUR GRANTEES BY 1) CREATING A MIXED IMMIGRANT FACT SHEET ON THE IMPACT AND IMPLEMENTATION OF THE AFFORDABLE CARE ACT THAT GRANTEES SHARED WITHIN THEIR COMMUNITIES 2) INCREASING THE PROFILE OF A GRANTEE BY SPOTLIGHTING THE EFFORTS ON THE "ONE KEY QUESTION" CAMPAIGN TO THE PUBLIC HEALTH COMMUNITY 3) PROMOTING OF DOCUMENTARY FILM MAKING AS AN ADVOCACY TOOL

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

5,292,328

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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, line 10? 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 and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions) 	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	36	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		51	
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7			
7a		Yes	
7b		Yes	
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			No
9			
9a			No
9b			No
10			
10a			
10b			
11			
11a			
11b			
12a			
12b			
13			
13a			
13b			
13c			
14a			No
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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	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	No
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 this 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, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NC, OK, OR, PA, RI, SC, TN, UT, WV, WI, VA, WA, CO, ME, ND, OH
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 ☐ Other (explain in Schedule O)	
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 during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ROSINA BARBA 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 or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH BREMNER DIRECTOR	1 00	X						0	0	0
(2) ASHLEY BLANCHARD DIRECTOR	1 00	X						0	0	0
(3) JEANNIE DIEFENDERFER VICE-CHAIR	1 00	X		X				0	0	0
(4) CATHY RAPHAEL CHAIR	1 00	X		X				0	0	0
(5) RENE A REDWOOD DIRECTOR	1 00	X						0	0	0
(6) KATHLEEN STEPHANSEN CO-TREASURER-TERM ENDED 5/2014	1 00	X		X				0	0	0
(7) VERNA WILLIAMS SECRETARY	1 00	X		X				0	0	0
(8) EVE E ELLIS CO-TREASURER	1 00	X		X				0	0	0
(9) LAUREN EMBREY DIRECTOR	1 00	X						0	0	0
(10) HEATHER ARNET DIRECTOR	1 00	X						0	0	0
(11) ALICIA LARA DIRECTOR	1 00	X						0	0	0
(12) SUSAN DICKLER DIRECTOR	1 00	X						0	0	0
(13) GARA LAMARCHE DIRECTOR	1 00	X						0	0	0
(14) MICHAEL CAMPBELL DIRECTOR	1 00	X						0	0	0
(15) ANIKA RAHMAN PRESIDENT/CEO-TERM ENDED 8/2013	40 00			X				286,791	0	7,173
(16) CANDICE CARNAGE VP FIN & ADMIN-TERM ENDED 5/2013	40 00			X				65,097	0	5,915
(17) DOROTHY Q THOMAS INTERIM PRES/CEO-TERM ENDED 5/2014	40 00			X				74,757	0	166

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	762,540	0	47,635

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **3**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
JANE SILVERMAN & ASSOCIATES 60 CONSTITUTION HILL WEST PRINCETON NJ 08540	CONSULTING	174,351
THE STANFORD GROUP 1571 HOLLY BOULEVARD MANASQUAN NJ 08736	FUNDRAISING	156,160
CAMINO PUBLIC RELATIONS 134 W 18TH STREET NEW YORK NY 10011	CCOMMUNICATIONS AND MEDIA SERVICES	103,750

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,091,597			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,517,107			
	g	Noncash contributions included in lines 1a-1f \$		342,194			
	h	Total. Add lines 1a-1f		4,608,704			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		792,676		792,676
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			3,053,038	3,053,038	
8a		Gross income from fundraising events (not including \$ 1,091,597 of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses	a	138,459			
c		Net income or (loss) from fundraising events	b	328,410			
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses	a	1,370			
c		Net income or (loss) from gaming activities	b	2,695			
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold	a				
c		Net income or (loss) from sales of inventory	b				
Miscellaneous Revenue		Business Code					
11a		OTHER INCOME		900099	2,936		2,936
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			2,936			
12	Total revenue. See Instructions			8,266,078	0	0	
						3,657,374	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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.	2,105,500	2,105,500		
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.	329,432	249,291	26,714	53,427
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.	2,178,908	1,150,451	509,353	519,104
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	37,309	19,842	10,393	7,074
9	Other employee benefits.	384,717	190,306	117,320	77,091
10	Payroll taxes.	184,230	99,199	43,935	41,096
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	201,167		197,197	3,970
c	Accounting.	33,000		33,000	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	22,000			22,000
f	Investment management fees.	218,992		218,992	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	792,607	607,255	172,234	13,118
12	Advertising and promotion.	30,422	1,100	6,822	22,500
13	Office expenses.	330,827	143,965	58,948	127,914
14	Information technology.	55,468	38,879	7,938	8,651
15	Royalties.				
16	Occupancy.	632,896	320,283	159,623	152,990
17	Travel.	100,044	36,851	37,303	25,890
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	24,793	4,056	16,008	4,729
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	112,622		112,622	
23	Insurance.	54,020		54,020	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	BAD DEBT EXPENSE	212,535	206,000		6,535
b	CONVENINGS	113,954	113,954		
c	OTHER DIRECT EXPENSE	26,375	325	2,894	23,156
d	MAILHOUSE AND ACQUISITI	24,834			24,834
e	All other expenses	15,225	5,071	5,759	4,395
25	Total functional expenses. Add lines 1 through 24e.	8,221,877	5,292,328	1,791,075	1,138,474
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		27,532	1	500
	2	Savings and temporary cash investments		2,096,210	2	2,390,909
	3	Pledges and grants receivable, net		4,068,147	3	2,746,216
	4	Accounts receivable, net		2,624	4	2,408
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		266,106	9	70,523
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,929,328			
	b	Less accumulated depreciation	10b1,398,826	623,763	10c	530,502
	11	Investments—publicly traded securities		34,387,899	11	37,302,053
	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		223,792	15	229,867
	16	Total assets. Add lines 1 through 15 (must equal line 34)		41,696,073	16	43,272,978
Liabilities	17	Accounts payable and accrued expenses		587,832	17	344,474
	18	Grants payable		484,000	18	685,000
	19	Deferred revenue		182,896	19	201,655
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		1,254,728	26	1,231,129
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		3,371,442	27	2,711,382
	28	Temporarily restricted net assets		12,362,285	28	14,489,922
	29	Permanently restricted net assets		24,707,618	29	24,840,545
	Organizations that do not follow SFAS 117 (ASC 958), 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		40,441,345	33	42,041,849
	34	Total liabilities and net assets/fund balances		41,696,073	34	43,272,978

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,266,078
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,221,877
3	Revenue less expenses Subtract line 2 from line 1	3	44,201
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,441,345
5	Net unrealized gains (losses) on investments	5	1,556,303
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42,041,849

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

SCHEDULE A
(Form 990 or 990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization MS FOUNDATION FOR WOMEN INC	Employer identification number 23-7252609
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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 described in 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 - Non-functionally integrated
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? (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 supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,702,704	8,424,381	4,787,881	8,292,736	4,608,704	31,816,406
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	5,702,704	8,424,381	4,787,881	8,292,736	4,608,704	31,816,406
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)						8,049,563
6 Public support. Subtract line 5 from line 4						23,766,843

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	5,702,704	8,424,381	4,787,881	8,292,736	4,608,704	31,816,406
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	688,570	1,056,685	871,548	791,051	792,676	4,200,530
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,331	5,014	38	4,095	2,936	13,414
11	Total support (Add lines 7 through 10)						36,030,350
12	Gross receipts from related activities, etc (see instructions)					12	312,805
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 2013 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>65 960 %</td></tr></table>	14	65 960 %
14	65 960 %			
15	Public support percentage for 2012 Schedule A, Part II, line 14	<table><tr><td>15</td><td>63 290 %</td></tr></table>	15	63 290 %
15	63 290 %			
16a	33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐		
17a	10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2009 AMOUNT \$ 1,331 2010 AMOUNT \$ 5,014 2011 AMOUNT \$ 38 2012 AMOUNT \$ 4,095 2013 AMOUNT \$ 2,936

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization MS FOUNDATION FOR WOMEN INC	Employer identification number 23-7252609
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political 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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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)		5,213													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		6,068													
c Total lobbying expenditures (add lines 1a and 1b)		11,281													
d Other exempt purpose expenditures		7,099,107													
e Total exempt purpose expenditures (add lines 1c and 1d)		7,110,388													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		505,519													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		126,380													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	430,631	539,325	505,196	505,519	1,980,671
b Lobbying ceiling amount (150% of line 2a, column(e))					2,971,007
c Total lobbying expenditures	106,811	60,060	43,500	11,281	221,652
d Grassroots nontaxable amount	107,658	134,831	126,299	126,380	495,168
e Grassroots ceiling amount (150% of line 2d, column (e))					742,752
f Grassroots lobbying expenditures	69,544	42,319	38,500	5,213	155,576

Part II-B

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

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

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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	8	
2 Aggregate contributions to (during year)	251,134	
3 Aggregate grants from (during year)	333,000	
4 Aggregate value at end of year	4,602,232	
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, 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 XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	29,741,000	26,770,991	27,791,499	24,117,747	21,425,318
b Contributions	187,641	761,882	178,487	551,617	461,695
c Net investment earnings, gains, and losses	4,880,712	3,847,148	46,615	4,476,605	3,137,027
d Grants or scholarships					
e Other expenditures for facilities and programs	1,797,004	1,639,021	1,245,610	1,354,470	906,293
f Administrative expenses					
g End of year balance	33,012,349	29,741,000	26,770,991	27,791,499	24,117,747

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

3300 %

b

Permanent endowment

75240 %

c

Temporarily restricted endowment

21460 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

☐ Yes

☐ No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 1,334,792 | 837,488 | 497,304 |
| d Equipment | | 594,536 | 561,338 | 33,198 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 530,502 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	9,603,389
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,556,303
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,556,303
3	Subtract line 2e from line 1	3	8,047,086
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	218,992
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	218,992
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,266,078

Part XII

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,002,884
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,002,884
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	218,992
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	218,992
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,221,876

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	THE PURPOSE IS TO PROVIDE LONG-TERM SUPPORT FOR PROGRAMS. THE INCOME FROM ENDOWMENT IS AVAILABLE FOR GENERAL OPERATIONS.
PART X, LINE 2	MS FOUNDATION RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX. THE MS FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2011.

[illegible]

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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.
Form 990-EZ filers are not required to complete this part.

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

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

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 WHITTER & ASSOCIATES INC 65 SOUTH BROADWAY TARRYTOWN, NY 10591	DIRECT RESPONSE CONSULTING		No	97,494	22,000	75,494
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				97,494	22,000	75,494

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

AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WOMEN OF VISION (event type)	SEATTLE EVENT (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	1,185,808	44,248	1,230,056
	2	Less Contributions	1,053,049	38,548	1,091,597
	3	Gross income (line 1 minus line 2)	132,759	5,700	138,459
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	168,472		168,472
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	145,247	14,691	159,938
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization 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 _____

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

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

Name 

Address 

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address of the third party

Name 

Address 

16

Gaming manager information

Name 

Gaming manager compensation  \$ _____

Description of services provided 

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV

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

Return Reference	Explanation
------------------	-------------

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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. Part II can be duplicated 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

86

3

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

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.
Part III can be duplicated if additional space is needed.

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

Part IV

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

Return Reference	Explanation
PART I, LINE 2	THE MS FOUNDATION REQUESTS, AND KEEPS ON FILE, WRITTEN REPORTS FROM ALL GRANTEEES 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 GRANTEEES, AND MAKE PERIODIC PHONE CALLS AND SITE VISITS TO A PORTION OF OUR GRANTEEES EACH YEAR

Additional Data

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
ACT FOR WOMEN AND GIRLS 313 N WEST VISALIA, CA 93291	26-0287450	501(C)3	30,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTICE 71-07 WOODSIDE AVENUE 1ST FL WOODSIDE,NY 11377	20-3384725	501(C)3	35,000				TO SUPPORT THE PROJECT FOR QUALITY CHILD CARE FOR ECONOMIC SECURITY

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

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ARTEMIS MARCH 10 DANA ST APT 4 CAMBRIDGE,CA 02138	72-1309151	501(C)3	20,000				DISCRETIONARY GRANT

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

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CAAAV ORGANIZING ASIAN COMMUNITIES 55 HESTER STREET NEW YORK,NY 10002	13-3526938	501(C)3	9,500				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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CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK (PARENT VOICES) 111 NEW MONTGOMERY STREET 7TH FLOOR FLOOR SAN FRANCISCO, CA 94105	94-2718807	501(C)3	30,000				TO SUPPORT THE PROJECT ADVANCING THE PARENTAL VOICE TO WIN MORE CHILD CARE FUNDING

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

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CALIFORNIA COALITION AGAINST SEXUAL ASSAULT 1215 K STREET STE 1850 SACRAMENTO,CA 95814	94-2800985	501(C)3	40,000				TO PROVIDE SUPPORT FOR THE #POWERINPREVENTION ENDING CHILD SEXUAL ABUSE WEB CONFERENCE SERIES

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 LATINAS FOR REPRODUCTIVE JUSTICE 244 S SAN PEDRO ST STE 405 LOS ANGELES, CA 90012	26-2213868	501(C)3	15,000				TO PROVIDE GENERAL OPERATING 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
CENTER FOR FRONTLINE RETAIL 140 WEST 31ST STREET 2ND FLOOR NEW YORK, NY 10001	11-3344389	501(C)3	15,000				TO PROVIDE SUPPORT TO BUILD POWER TO BUILD CHILD CARE PROJECT

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

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CENTRO DE LOS DERECHOS DEL MIGRANTE INC 519 N CHARLES ST SUITE 260 BALTIMORE, MD 21201	20-2585279	501(C)3	25,000				TO SUPPORT THE BUILDING OPPORTUNITY AND EQUITY IN CHILD CARE JOBS THROUGH JUSTICE IN THE RECRUITMENT PROJECT

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

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CHILDSpace DAY CARE CENTER INC 7500 GERMANTOWN AVENUE-SMITH HALL PHILADELPHIA,PA 19119	23-2529443	501(C)3	20,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHTS 827 SHERMAN ST DENVER, CO 80203	84-1569021	501(C)3	30,000				TO PROVIDE GENERAL OPERATING 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
COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHTS 827 SHERMAN ST DENVER,CO 80203	84-1569021	501(C)3	15,000				TO SUPPORT WORK ON ENSURING THAT REPRODUCTIVE AND SEXUAL HEALTH CARE SERVICES ARE NOT EXCLUDED FROM ANY COMPONENT OF HEALTH CARE REFORM IMPLEMENTATION

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 INC 127 WEST 127 ST 4TH FL RM 431 NEW YORK, NY 10027	02-0694269	501(C)3	35,000				TO SUPPORT THE ENDING CHILD SEXUAL ABUSE 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
DONOR DIRECT ACTION 250 WEST 57TH STREET SUITE 1720 NEW YORK, NY 10107	13-3660566	501(C)3	20,000				DISCRETIONARY GRANT

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

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DONOR DIRECT ACTION 250 WEST 57TH STREET SUITE 1720 NEW YORK, NY 10107	13-3660566	501(C)3	25,000				DISCRETIONARY GRANT

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

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EL PUEBLO INC 2321 CRABTREE BLVD SUITE 105 RALEIGH, NC 27604	56-1934310	501(C)3	30,000				TO SUPPORT THE DERECHOS SIN FRONTERAS PROGRAM

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

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FAMILY VALUES WORK A MULTI-STATE CONSORTIUM 207 E BUFFALO ST STE 211 MILWAUKEE, WI 53202	27-0321696	501(C)3	10,000				DISCRETIONARY GRANT

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

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FEMINIST MAJORITY FOUNDATION 433 S BEVERLY DRIVE BEVERLY HILLS,CA 90212	54-1426440	501(C)3	30,000				DISCRETIONARY GRANT

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

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FUNDERS' COLLABORATIVE ON YOUTH ORGANIZING PO BOX 7870 OAKLAND, CA 94601	52-1332694	501(C)3	5,000				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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FUNDERS NETWORK ON POPULATION REPRODUCTIVE HEALTH AND RIGHTS PO BOX 750 ROCKVILLE,MD 20848	52-2098292	501(C)3	2,500				TO SUPPORT THE WOMEN OF COLOR STATE STRATEFY MAPPING PROJECT

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

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GARMENT WORKER CENTER 1250 S LOS ANGELES STREET 213 LOS ANGELES, CA 90013	81-0622327	501(C)3	25,000				TO SUPPORT PROMOTING EQUITABLE ACCESS TO CHILD CARE FOR LOW-WAGE IMMIGRANT 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
IBIS REPRODUCTIVE HEALTH 17 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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IMMIGRANT DEFENSE PROJECT 28 WEST 39TH ST 501 NEW YORK, NY 10018	13-2612524	501(C)3	11,000				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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KALMANOVITZ INITIATIVE FOR LABOR AND THE WORKING POOR 3700 O STREET NW WASHINGTON,DC 20816	53-0196603	501(C)3	25,000				TO PROVIDE SUPPORT FOR THE "AND STILL I RISE" 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
KENTUCKY HEALTH JUSTICE NETWORK PO BOX 4761 LOUISVILLE, KY 40204	27-1246514	501(C)3	15,000				TO PROVIDE GENERAL OPERATING SUPPORT

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 CENTER 3101 KINGSBRIDGE TERRACE BRONX,NY 10463	13-2813809	501(C)3	40,000				TO SUPPORT LOOKING AT CHILD SEXUAL ABUSE FROM A MULTI- SYSTEMS PERSPECTIVE PROJECT

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 CENTER 3101 KINGSBRIDGE TERRACE BRONX, NY 10463	13-2813809	501(C)3	2,000				TO SUPPORT KHCC'S PLANNING, PARTICIPATION, AND EXECUTION OF A WORKSHOP FOCUSED ON ENDING CHILD SEXUAL ABUSE AT THE 2013 NATIONAL SEXUAL ASSAULT CONFERENCE

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

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KUNDIMAN INC PO BOX 4248 SUNNYSIDE,NY 11104	06-1650662	501(C)3	7,500				DONOR ADVISED GRANT

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MANSEE KONG 724 LEONARD ST 4B BROOKLYN,NY 11222	13-2624257	501(C)3	11,000				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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MASSACHUSETTS CITIZENS FOR CHILDREN 14 BEACON STREET SUITE 706 BOSTON, MA 02108	04-2276809	501(C)3	50,000				TO SUPPORT ENOUGH ABUSE CAMPAIGN BUILDING THE MOVEMENT THROUGH ORGANIZING AND ADVOCACY PROJECT

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MEDIA VOICES FOR CHILDREN 110 DAGGETT AVE VINEYARD HAVEN,MA 02568	26-2908915	501(C)3	3,000				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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MINNESOTA COALITION AGAINST SEXUAL ASSAULT 161 ST ANTHONY AVENUE SUITE 1001 ST PAUL,MN 55103	41-1459621	501(C)3	45,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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MISSISSIPPI LOW INCOME CHILDCARE INITIATIVE 684 WALKER STREET BILOXI, MS 39530	64-0943404	501(C)3	25,000				TO SUPPORT EMPOWERING MISSISSIPPI'S LOW- INCOME WOMEN CHILD CARE MAKES THE DIFFERENCE PROJECT

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

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MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET BOX 23 SAN FRANCISCO,CA 94110	20-2986926	501(C)3	35,000				TO SUPPORT EXPANDING AND ENFORCING WORKER RIGHTS FOR CALIFORNIA CHILD CARE EDUCATORS

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

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NATIONAL ADVOCATES FOR PREGNANT WOMEN 15 WEST 36TH STREET SUITE 901 NEW YORK,NY 10018	52-2282183	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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NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM 155 WATER STREET BROOKLYN,NY 11201	51-0198509	501(C)3	35,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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NATIONAL COUNCIL ON CRIME AND DELINQUENCY 1970 BROADWAY STE 500 OAKLAND, CA 94612	13-1624111	501(C)3	50,000				TO SUPPORT EXPLORING RESTORATIVE JUSTICE'S CONTINUING ROLE IN ENDING CHILD SEXUAL ABUSE

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
NATIONAL COUNCIL ON CRIME AND DELINQUENCY 1970 BROADWAY STE 500 OAKLAND, CA 94612	13-1624111	501(C)3	50,000				TO SUPPORT EXPLORING RESTORATIVE JUSTICE'S CONTINUING ROLE IN ENDING CHILD SEXUAL ABUSE

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
NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH 50 BROAD STREET SUITE 1937 NEW YORK, NY 10004	52-1891734	501(C)3	35,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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NATIONAL NETWORK OF ABORTION FUNDS 11 ARLINGTON STREET 5TH FLOOR 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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NATIVE AMERICAN COMMUNITY BOARD 809 HIGH ST LAKE ANDES, SD 57356	46-0392867	501(C)3	30,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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NORTHWEST HEALTH LAW ADVOCATES 4759 15TH AVE NE SUITE 305 SEATTLE,WA 98105	91-1961032	501(C)3	35,000				TO PROVIDE GENERAL OPERATING SUPPORT

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 CHOICE 2300 MYRTLE AVE SUITE 120 ST PAUL,MN 55114	27-0560247	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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OREGON ABUSE ADVOCATES AND SURVIVORS IN SERVICE 1650 NW NAITO PARKWAY SUITE 302 PORTLAND, OR 97209	27-1493650	501(C)3	65,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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OREGON ABUSE ADVOCATES AND SURVIVORS IN SERVICE 1650 NW NAITO PARKWAY SUITE 302 PORTLAND, OR 97209	27-1493650	501(C)3	65,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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OREGON FOUNDATION FOR REPRODUCTIVE HEALTH 310 SW 4TH AV SUITE 840 PORTLAND,OR 97204	93-0803636	501(C)3	30,000				TO SUPPORT INTEGRATING REPRODUCTIVE HEALTH INTO PRIMARY CARE

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
PARSONS THE NEW SCHOOL FOR DESIGN 66 WEST 12TH STREET NEW YORK, NY 10011	13-3297197	501(C)3	25,000				FELLOWSHIP PROGRAM TO STRENGTHEN GRANTEES' COMMUNICATIONS AND ADVOCACY EFFORTS AND BRING INNOVATIVE SOLUTIONS TO THE BROADER REPRODUCTIVE JUSTICE MOVEMENT

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
PARSONS THE NEW SCHOOL FOR DESIGN 66 WEST 12TH STREET NEW YORK, NY 10011	13-3297197	501(C)3	10,000				FELLOWSHIP PROGRAM TO STRENGTHEN GRANTEES' COMMUNICATIONS AND ADVOCACY EFFORTS AND BRING INNOVATIVE SOLUTIONS TO THE BROADER REPRODUCTIVE JUSTICE MOVEMENT

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 VIOLENCE 1015 WILSHIRE BOULEVARD SUITE 200 LOS ANGELES, CA 90017	51-0179305	501(C)3	30,000				TO PROVIDE GENERAL OPERATING 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
PING CHONG & COMPANY (LEGAL NAME FIJI THEATER COMPANY INC) 47 GREAT JONES ST NEW YORK,NY 10012	13-2874863	501(C)3	11,000				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 OF SOUTHEAST 75 PIEDMONT AVE NE SUITE 800 ATLANTA,GA 30303	58-6045874	501(C)3	10,000				TO PROVIDE GENERAL OPERATING 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
PLANNED PARENTHOOD PUBLIC POLICY NETWORK OF WASHINGTON 2001 E MADISON STREET SEATTLE, WA 98122	20-1987331	501(C)3	10,000				TO SUPPORT THE GET READY! GET COVERED! 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
PREVENT CHILD ABUSE AMERICA 228 S WABASH AVE 10TH FLOOR CHICAGO,IL 60604	23-7235671	501(C)3	25,000				TO PROVIDE SUPPORT TO PROMOTE STATE LEVEL ADVOCACY FOR CHILD SEXUAL ABUSE PREVENTION

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 NEW JERSEY 103 CHURCH ST SUITE 210 NEW BRUNSWICK, NJ 08901	22-2314861	501(C)3	25,000				TO PROVIDE SUPPORT TO BUILD THE MOVEMENT TO END CHILD SEXUAL ABUSE IN NJ

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 CAROLINA 3716 NATIONAL DRIVE SUITE 118 RALEIGH, NC 27612	58-1366718	501(C)3	75,000				TO PROVIDE SUPPORT FOR NC COALITION FOR THE PREVENTION OF CHILD SEXUAL ABUSE

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 CAROLINA 3716 NATIONAL DRIVE SUITE 118 RALEIGH, NC 27612	58-1366718	501(C)3	75,000				TO PROVIDE SUPPORT FOR NC COALITION FOR THE PREVENTION OF CHILD SEXUAL ABUSE

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
PRO-CHOICE RESOURCES 250 THIRD AVENUE NORTH SUITE 625 MINNEAPOLIS, MN 55401	41-0971333	501(C)3	30,000				TO PROVIDE GENERAL OPERATING 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
PROVIDE INC (FORMERLY ABORTION ACCESS PROJECT) 47 THORNDIKE ST CAMBRIDGE, MA 02141	04-3298538	501(C)3	25,000				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
PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	501(C)3	40,000				TO SUPPORT CHILD SEXUAL ABUSE PREVENTION IN MIGRANT FARM WORKER COMMUNITIES

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
RAISING WOMEN'S VOICES-NY CO THE MERGERWATCH PROJECT OF COMMUNITY CATALYS 475 RIVERSIDE DRIVE SUITE 1600 NEWYORK,NY 10115	04-3355127	501(C)3	35,000				TO SUPPORT ADVOCATING FOR A "WOMEN AND REPRODUCTIVE HEALTH-FRIENDLY" NYS 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
RATTAPALLAX INC 217 THOMPSON STREET SUITE 353 NEW YORK,NY 10012	13-4035109	501(C)3	9,000				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
REPRODUCTIVE JUSTICE COLLECTIVE 161 W WISCONSIN AVENUE SUITE 1000 LL MILWAUKEE, WI 53203	39-0806258	501(C)3	25,000				TO PROVIDE GENERAL OPERATING 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
RESTAURANT OPPORTUNITIES CENTERS UNITED 350 SEVENTH AVE SUITE 1504 NEW YORK, NY 10001	01-0939141	501(C)3	10,000				TO PROVIDE SUPPORT FOR BUILDING CHILDCARE SOLUTIONS FOR WOMEN IN LOW-WAGE SERVICE SECTORS

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 NETWORK PO BOX 1758 NEW YORK, NY 10156	94-3125696	501(C)3	20,000				DISCRETIONARY 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
SMITH COLLEGE SMITH COLLEGE NORTHAMPTON, MA 01063	04-1843040	501(C)3	10,000				DISCRETIONARY 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
SOUTH AFRICA PARTNERS 89 SOUTH STREET SUITE 701 BOSTON, MA 02111	04-3396641	501(C)3	3,000				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
SPARK REPRODUCTIVE JUSTICE NOW PO BOX 89210 ATLANTA,GA 30310	58-1872316	501(C)3	25,000				TO PROVIDE GENERAL OPERATING 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
TEWA WOMEN UNITED 912 FAIRVIEW LN ESPANOLA, NM 87532	85-0480836	501(C)3	30,000				TO PROVIDE SUPPORT TO STRENGTHEN THEIR CAPACITY FOR COLLABORATION IN CHILD SEXUAL ABUSE PREVENTION

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 ACADEMY FOR TEACHERS 10 WEST 90TH STREET NO 9 NEW YORK,NY 10024	45-4681404	501(C)3	5,000				DISCRETIONARY 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
THE CALHOUN SCHOOL 433 WEST END AVE NEW YORK,NY 10024	13-1623919	501(C)3	11,000				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
THE FAMILY TREE 2108 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1110645	501(C)3	25,000				TO SUPPORT INTENTIONAL LEADERSHIP AND BROAD ALLIANCES THROUGHOUT THE MARYLAND PARTNERSHIP ON PREVENTION OF CHILD SEXUAL ABUSE

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 OL EDUCATION FUND 411 BELLAMAH NW ALBUQUERQUE,NM 87102	27-1275857	501(C)3	25,000				TO SUPPORT CAMPAIGN TO TRANSFORM THE NEW MEXICO CHILD CARE ECONOMY

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 WOMEN'S FUND OF GREATER BIRMINGHAM 2201 5TH AVENUE SOUTH BIRMINGHAM,AL 35222	45-0952468	501(C)3	20,000				TO SUPPORT CHANGING ATTITUDES INCREASING WORKPLACE SUPPORT FOR LOW-WAGE SINGLE MOTHERS

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 YARD INC 1 THE YARD PO BOX 405 CHILMARK, MA 02535	23-7348937	501(C)3	500				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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TRUSTEES OF HAMPSHIRE COLLEGE C/O HAMPSHIRE COLLEGE 853 WEST STREET AMHERST, MA 01002	04-6130872	501(C)3	5,000				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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URGE (UNITED FOR REPRODUCTIVE AND GENDER EQUITY) 1301 F ST NW SUITE 501 WASHINGTON, DC 20004	52-1772575	501(C)3	15,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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URGE (UNITED FOR REPRODUCTIVE AND GENDER EQUITY) 1301 F ST NW SUITE 501 WASHINGTON,DC 20004	52-1772575	501(C)3	10,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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VERA INSTITUTE OF JUSTICE 233 BROADWAY 12TH FLOOR NEW YORK,NY 10279	13-1941627	501(C)3	90,000				TO SUPPORT THE CENTER FOR VICTIMIZATION AND SAFETY'S EFFORTS TO END SEXUAL ABUSE OF CHILDREN WITH DISABILITIES

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
VERMONT WORKERS' CENTER 294 NORTH WINOOSKI AVENUE BURLINGTON,VT 05401	20-0163176	501(C)3	10,000				TO SUPPORT THE PUT PEOPLE FIRST WORK WITH DIGNITY 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
VERMONT WORKERS' CENTER 294 NORTH WINOOSKI AVENUE BURLINGTON, VT 05401	20-0163176	501(C)3	1,000				TO PROVIDE GENERAL OPERATING 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
WEST VIRGINIA FREE 1114 QUARRIER ST CHARLESTON,WV 23301	55-0715930	501(C)3	35,000				TO PROVIDE GENERAL OPERATING SUPPORT

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

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WEST VIRGINIA FREE 1114 QUARRIER ST CHARLESTON, WV 23301	55-0715930	501(C)3	35,000				TO PROVIDE GENERAL OPERATING 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
WEST VIRGINIA FREE 1114 QUARRIER ST CHARLESTON,WV 23301	55-0715930	501(C)3	12,000				TO PROVIDE GENERAL OPERATING 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
WOMEN'S MEDIA CENTER 151 W 25TH STREET NEW YORK, NY 10001	38-3727585	501(C)3	20,000				DISCRETIONARY 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
WRITERS IN BALTIMORE SCHOOLS 3103 N CHARLES STREET BALTIMORE,DC 21218	52-2148413	501(C)3	1,000				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
YOUNG WOMEN UNITED 309 GOLD AVE SW ALBUQUERQUE, NM 87102	85-0481224	501(C)3	35,000				TO PROVIDE GENERAL OPERATING SUPPORT

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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	Yes
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANIKA RAHMAN PRESIDENT/CEO- TERM ENDED 8/2013	(i)	172,710	0	114,081	5,168	2,005	293,964	0
	(ii)	0	0	0	0	0	0	0
(2) ALESIA SOLTANPANAH VP DEVELOPMENT	(i)	148,536	0	0	0	12,535	161,071	0
	(ii)	0	0	0	0	0	0	0
(3) DEBORAH JACOBS VP ADVOC & POLICY-TERM ENDED 1/2014	(i)	132,227	0	8,497	1,841	17,306	159,871	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	339,499	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	4	2,695	FMV
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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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?

32a

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

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
MS FOUNDATION FOR WOMEN INC

Employer identification number
23-7252609

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND KEY STAFF MEMBERS. IF A CONFLICT OF INTEREST EXISTS, IT IS ADDRESSED AT THE BOARD MEETING. IF THERE IS A POTENTIAL CONFLICT AT THE BOARD LEVEL, THE MEMBER WILL RECUSE HIM OR HERSELF FROM DELIBERATIONS AND VOTING ON THAT ISSUE. THE MINUTES OF ANY MEETING AT WHICH A CONFLICT OF INTEREST TRANSACTION IS CONSIDERED MUST REFLECT ALL DETAILS OF THE MATTER.
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR REVIEWING THE CEO'S PERFORMANCE AND DETERMINING SALARY. ON AN ANNUAL BASIS. AS PART OF THE COMPENSATION REVIEW, THE COMMITTEE REVIEWED EXTERNAL DATA ON COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS. THE COMMITTEE LAST REVIEWED THE PRESIDENT'S COMPENSATION ON MAY 1, 2014.
FORM 990, PART VI, SECTION C, LINE 19	THE MS FOUNDATION FOR WOMEN, INC. MAKES ITS FORM 990 AND FORM 1023 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, GUIDESTAR.ORG, AND OTHER CHARITY EVALUATOR WEBSITES. IN ADDITION TO THE FORM 990, THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON A WRITTEN REQUEST AT 12 METROTECH CENTER, 26TH FLOOR, BROOKLYN, NY 11201 OR BY CALLING THE ORGANIZATION DIRECTLY AT (212)742-2300.
FORM 990, PART 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.