

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.

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

OMB No. 1545-0047

**2015**Open to Public  
Inspection**A For the 2015 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

WOMEN'S SPORTS FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1899 HEMPSTEAD TURNPIKE

Room/suite

400

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

EAST MEADOW, NY 11554

**F** Name and address of principal officer: DEBORAH SLANER LARKIN  
SAME AS C ABOVE**D** Employer identification number

23-7380557

**E** Telephone number

516-542-4700

**G** Gross receipts \$

3,011,318.

**H(a)** Is this a group returnfor 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.WOMENSSPORTSFOUNDATION.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1974**M** State of legal domicile: DE**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>CREATING LEADERS BY PROVIDING ALL GIRLS ACCESS TO SPORTS, FITNESS AND BETTER HEALTH.</b>		
	2	Check this box <input type="checkbox"/> 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)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	29
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,834,071.	Current Year 2,125,814.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,325.	25,316.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,927.	16,122.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,943,323.	2,167,252.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	298,518.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	870,108.	842,835.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 393,796.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	999,688.	1,020,769.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,168,314.	2,509,936.
	19	Revenue less expenses. Subtract line 18 from line 12	1,775,009.	-342,684.
	20	Total assets (Part X, line 16)	Beginning of Current Year 4,707,040.	End of Year 4,518,903.
21	Total liabilities (Part X, line 26)	76,906.	261,016.	
22	Net assets or fund balances. Subtract line 21 from line 20	4,630,134.	4,257,887.	

**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	Date	16/3/16
	DEBORAH SLANER LARKIN, CEO	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ROBERT R. LYONS	Robert R. Lyons	9/27/14
Firm's name	MARKS PANETH LLP	Check if self-employed <input type="checkbox"/>	PTIN
	685 THIRD AVENUE	Firm's EIN ▶ 11-3518842	P00227274
Firm's address	NEW YORK, NY 10017	Phone no. 212-503-8800	

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

☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

WE CREATE LEADERS BY ENSURING GIRLS ACCESS TO SPORTS.

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 462,993. including grants of \$ 340,264. ) (Revenue \$ )**PARTICIPATION:**

OVER THE LAST 40 YEARS, THE MAJORITY OF THE MORE THAN \$80 MILLION THE WOMEN'S SPORTS FOUNDATION HAS DISTRIBUTED IN CASH GRANTS AND MATERIALS HAS HELPED MORE THAN 1.8 MILLION SOCIO-ECONOMICALLY DISADVANTAGED GIRLS PLAY SPORTS OR BECOME PHYSICALLY ACTIVE, FROM A GIRL'S FIRST GRASSROOTS SPORTS EXPERIENCE THROUGH HER HIGH SCHOOL AND COLLEGE SPORTS CAREERS, TO COMPETING IN THE OLYMPICS AND THEN TRANSITIONING FROM ATHLETIC COMPETITION TO THEIR NEXT CAREERS.

THE FOUNDATION'S GOGIRLGO. GRANTS HAVE HELPED MORE THAN 170,000 GIRLS OF EVERY SKILL LEVEL TO PLAY SPORTS BY FUNDING SPORTS PARTICIPATION OPPORTUNITIES, INCLUDING THE COSTS OF EQUIPMENT AND APPAREL, IN GIRLS' SCHOOL, CLUB AND COMMUNITY PROGRAMS. IN ADDITION, THE FOUNDATION HAS

**4b** (Code: ) (Expenses \$ 857,137. including grants of \$ 293,500. ) (Revenue \$ )**EDUCATIONAL PROGRAMS:**

THE WOMEN'S SPORTS FOUNDATION ANNUALLY RESPONDS TO THOUSANDS OF REQUESTS FOR INFORMATION FROM FEMALE ATHLETES, PARENTS, COACHES, THE MEDIA AND THE GENERAL PUBLIC, AND DISTRIBUTES THOUSANDS OF PIECES OF EDUCATIONAL INFORMATION EACH YEAR. EDUCATIONAL OUTREACH THROUGH THE FOUNDATION'S WEB SITE, WWW.WOMENSSPORTSFOUNDATION.ORG, WITH THOUSANDS OF PAGES OF INFORMATION, SEARCHABLE DATABASES, AND A NATIONAL TOLL-FREE INFOLINE (800.227.3988), PROVIDES ANSWERS TO QUESTIONS RANGING FROM "THE BOYS PLAY ON TURF FIELDS THAT HAVE LIGHTS AND THE GIRLS HAVE ROCKS ON THE FIELDS, THEY AREN'T LINED. IS THIS OKAY?" TO "HOW CAN I GET FUNDING FOR GIRLS' SPORTS PROGRAMS IN MY COMMUNITY?" IN THE PAST YEAR, OUR OUTREACH HAS ALSO GROWN THROUGH INCREASINGLY POPULAR SOCIAL MEDIA

**4c** (Code: ) (Expenses \$ 102,981. including grants of \$ 3,568. ) (Revenue \$ )**ADVOCACY:**

THE WOMEN'S SPORTS FOUNDATION IS SEEKING TO MAKE CHANGE ON MANY FRONTS AS IT RELATES TO THE RIGHTS AND REPRESENTATION OF GIRLS AND WOMEN IN SPORT. EVERY DAY THE FOUNDATION EDUCATES PEOPLE TO ENSURE THAT THE TITLE IX DEFINITION OF "EQUAL OPPORTUNITY" IN ATHLETICS REMAINS UNCHANGED AND THAT REGULATIONS ARE ENFORCED. THE FOUNDATION'S WEB SITE PROVIDES EDUCATIONAL RESOURCES TO INFORM PARENTS, COACHES, ADMINISTRATORS AND ATHLETES OF THEIR RIGHTS IN SPORT. STAFF WORKS INDEPENDENTLY AND IN COLLABORATION WITH NUMEROUS NATIONAL ORGANIZATIONS TO ADDRESS INEQUITIES SUCH AS THE FOLLOWING:

\*GIRLS RECEIVE 1.3 MILLION FEWER OPPORTUNITIES TO PLAY AT THE HIGH

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 217,262. including grants of \$ 9,000. ) (Revenue \$ )

**4e** Total program service expenses 1,640,373.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> 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? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> 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? If "Yes," complete Schedule L, Part II		X
<b>27</b> 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? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O



**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	95	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	13	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	30			
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		29		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NY, CA, CT, GA, IL, ME, MA, NH, NJ, TX, PA, VA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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, address, and telephone number of the person who possesses the organization's books and records: **DEBORAH S. LARKIN, CEO - 516-542-4700**  
**1899 HEMPSTEAD TURNPIKE, SUITE 400, EAST MEADOW, NY 11554**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 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) BILLIE JEAN KING FOUNDER & HONORARY CHAIR	10.00	X						0.	0.	0.
(2) BENITA FITZGERALD MOSLEY TRUSTEE	5.00	X						0.	0.	0.
(3) ANGELA RUGGIERO TRUSTEE	10.00	X						0.	0.	0.
(4) SANDRA VIVAS CO-CHAIR	10.00	X		X				0.	0.	0.
(5) LISA CREGAN TRUSTEE	5.00	X						0.	0.	0.
(6) SHARON LOVE TRUSTEE	5.00	X						0.	0.	0.
(7) ILANA KLOSS TRUSTEE	5.00	X						0.	0.	0.
(8) DANE ANDREEFF TRUSTEE	5.00	X						0.	0.	0.
(9) TERRI AUSTIN TRUSTEE	5.00	X						0.	0.	0.
(10) CHRISTINE DRIESSEN TRUSTEE	5.00	X						0.	0.	0.
(11) LARRY SCOTT PANEL CHAIR-PARTNER ADVISORY PANEL	10.00	X						0.	0.	0.
(12) SUSAN MORRISON TRUSTEE	5.00	X						0.	0.	0.
(13) AIMEE MULLINS TRUSTEE	5.00	X						0.	0.	0.
(14) STEPHANIE TOLLESON TRUSTEE	5.00	X						0.	0.	0.
(15) JESSICA MENDOZA TRUSTEE	5.00	X						0.	0.	0.
(16) SARAH ROBB O'HAGAN TRUSTEE	10.00	X						0.	0.	0.
(17) TAMIKA CATCHINGS TRUSTEE	5.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MADELINE WEINSTEIN CO-CHAIR	10.00	X		X				0.	0.	0.
(19) ANGELA HUCLES PRES./PANEL CHAIR - ATH. ADV. PANEL	10.00	X		X				36,000.	0.	0.
(20) GRETE ELIASSEN TRUSTEE	5.00	X						0.	0.	0.
(21) KATHRYN OLSON GOVERNANCE/COMMITTEE CHAIR	5.00	X						0.	0.	0.
(22) WARDE MANUEL SECRETARY-TREASURER/COMMITTEE CHAIR	5.00	X		X				0.	0.	0.
(23) ALANA NICHOLS TRUSTEE	5.00	X						0.	0.	0.
(24) JAYMA MEYER TRUSTEE	5.00	X						0.	0.	0.
(25) JOSH GRAU TRUSTEE	5.00	X						0.	0.	0.
(26) KELLEY CORNISH TRUSTEE	5.00	X						0.	0.	0.
<b>1b Sub-total</b>								36,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								198,395.	0.	8,028.
<b>d Total (add lines 1b and 1c)</b>								234,395.	0.	8,028.

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

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**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
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		

SEE PART VII, SECTION A CONTINUATION SHEETS

532201  
04-01-15

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	566,155.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,559,659.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		134,319.				
	<b>h Total.</b> Add lines 1a-1f .....		2,125,814.				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			27,998.			27,998.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
		(i) Real	(ii) Personal				
	<b>6 a</b> Gross rents .....						
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		405,190.					
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
		407,872.					
	<b>d</b> Net gain or (loss) .....			-2,682.			-2,682.
	<b>8 a</b> Gross income from fundraising events (not including \$ 566,155. of contributions reported on line 1c). See Part IV, line 18 .....						
		a		436,194.			
	<b>b</b> Less: direct expenses .....			436,194.			
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
	a						
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
	a						
<b>b</b> Less: cost of goods sold .....							
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS .....		900099	16,122.			16,122.	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			16,122.				
<b>12 Total revenue.</b> See instructions. ....			2,167,252.	0.	0.	41,438.	



**Part IX Statement of Functional Expenses**

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

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

☒ X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	434,129.	434,129.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	212,203.	212,203.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	206,422.	109,404.	76,376.	20,642.
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	508,207.	316,662.	64,788.	126,757.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,534.	9,283.	3,123.	3,128.
9 Other employee benefits	66,083.	40,035.	11,930.	14,118.
10 Payroll taxes	46,589.	27,842.	9,367.	9,380.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,000.		26,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,111.		19,111.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	378,793.	96,905.	168,461.	113,427.
12 Advertising and promotion	171,007.	146,867.	883.	23,257.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	106,309.	61,395.	24,175.	20,739.
17 Travel	71,539.	42,908.	10,373.	18,258.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,903.	7,108.	9,650.	1,145.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,521.	7,426.	2,479.	2,616.
23 Insurance	18,517.		18,517.	
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 <b>COMMUNICATION AND MEDIA</b>	59,286.	38,565.	9,612.	11,109.
b <b>HONORARIUM</b>	38,280.	38,280.		
c <b>PRODUCTION AND PRINTING</b>	30,674.	7,325.	10,945.	12,404.
d <b>TELEPHONE</b>	26,908.	14,921.	5,720.	6,267.
e All other expenses	43,921.	29,115.	4,257.	10,549.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>2,509,936.</b>	<b>1,640,373.</b>	<b>475,767.</b>	<b>393,796.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☒ X 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) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....		1	
	2 Savings and temporary cash investments .....	1,267,257.	2	2,050,756.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	2,245,560.	4	1,109,362.
	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 instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	102,762.	9	161,199.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,037,890.		
	b Less: accumulated depreciation .....	10b 1,017,242.	10c 20,648.	
	11 Investments - publicly traded securities .....	894,912.	11	1,060,033.
	12 Investments - other securities. See Part IV, line 11 .....	155,471.	12	116,905.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	16,951.	15	0.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,707,040.	16	4,518,903.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	59,955.	17	114,982.
	18 Grants payable .....		18	143,500.
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to 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 .....	16,951.	25	2,534.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	76,906.	26	261,016.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	821,214.	27	1,411,225.
	28 Temporarily restricted net assets .....	3,115,508.	28	1,963,250.
	29 Permanently restricted net assets .....	693,412.	29	883,412.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> .....	4,630,134.	33	4,257,887.
34 <b>Total liabilities and net assets/fund balances</b> .....	4,707,040.	34	4,518,903.	

Form 990 (2015)

**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	2,167,252.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,509,936.
3	Revenue less expenses. Subtract line 2 from line 1	3	-342,684.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,630,134.
5	Net unrealized gains (losses) on investments	5	-29,563.
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	4,257,887.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2015)



**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

**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 (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2774597.	3220761.	2818006.	3831471.	2125814.	14770649.
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 <b>Total.</b> Add lines 1 through 3 .....	2774597.	3220761.	2818006.	3831471.	2125814.	14770649.
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) .....						2574244.
6 <b>Public support.</b> Subtract line 5 from line 4.						12196405.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 .....	2774597.	3220761.	2818006.	3831471.	2125814.	14770649.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	99,246.	15,949.	17,452.	18,076.	27,998.	178,721.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				64,927.	16,122.	81,049.
11 <b>Total support.</b> Add lines 7 through 10 .....						15030419.
12 Gross receipts from related activities, etc. (see instructions) .....					12	

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	81.14 %
15 Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	79.29 %
16a <b>33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here** ..... ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			



## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization <b>WOMEN'S SPORTS FOUNDATION</b>	Employer identification number <b>23-7380557</b>
--	---

**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-.

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

Schedule C (Form 990 or 990-EZ) 2015

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures		2,509,936.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		2,509,936.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		275,497.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		68,874.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	345,399.	291,457.	258,416.	2,509,936.	3,405,208.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,107,812.
<b>c</b> Total lobbying expenditures	7,892.	3,482.			11,374.
<b>d</b> Grassroots nontaxable amount	86,350.	72,864.	64,604.	68,874.	292,692.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					439,038.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015





**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number  
23-7380557

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on 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      d ☐ Loan or exchange programs
- b ☐ Scholarly research      e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	746,630.	701,310.	719,520.	842,292.	1,010,746.
b Contributions	190,000.				80,000.
c Net investment earnings, gains, and losses	-1,297.	45,320.	-18,210.	22,846.	38,837.
d Grants or scholarships					
e Other expenditures for facilities and programs					287,291.
f Administrative expenses				145,618.	
g End of year balance	935,333.	746,630.	701,310.	719,520.	842,292.

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

- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☒ 5.56 %
- c Temporarily restricted endowment ☒ 94.44 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		338,463.	338,463.	0.
d Equipment		580,144.	577,918.	2,226.
e Other		119,283.	100,861.	18,422.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,648.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	2,534.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,534.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,137,689.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-29,563.
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	-29,563.
3	Subtract line 2e from line 1	3	2,167,252.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,167,252.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,509,936.
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	2,509,936.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,509,936.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE FOUNDATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2015 AND 2014 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

PART V, LINE 4:

TO SUPPORT VARIOUS RESTRICTED GRANTS AND UNRESTRICTED ACTIVITIES



Schedule D (Form 990) 2015		WOLLEN B ST	
<b>Part XIII</b>	<b>Supplemental Information</b> (continued)		

[illegible]

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2015

**Open to Public Inspection**

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

## Part I

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

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

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

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

b If "Yes," list the 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			
Total						

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		ANNUAL GALA			
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	1,002,349.			1,002,349.
	2 Less: Contributions .....	566,155.			566,155.
	3 Gross income (line 1 minus line 2) .....	436,194.			436,194.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	436,194.			436,194.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				436,194.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

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

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

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



Schedule C (Form 990 of 990-EZ)		WOMEN'S	
<b>Part IV</b>	<b>Supplemental Information</b> (continued)		

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

**WOMEN 'S SPORTS FOUNDATION**

Employer identification number  
**23-7380557**

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

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

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NEIGHBORHOOD CENTERS OF NE PENNSYLVANIA - 425 ALDER STREET - SCRANTON, PA 18505	24-0795389	501(C)(3)	6,700.	0.			2014 GOGIRLGO! GRANT
NATIONAL NURSING CENTERS CONSORTIUM - 1500 MARKET STREET, 15TH FLOOR - PHILADELPHIA, PA 19102	01-0560081	501(C)(3)	5,000.	0.			2014 GOGIRLGO! GRANT
PHILLY GIRLS IN MOTION, INC 40 W. TURNBULL AVENUE HAVERTOWN, PA 19083	27-2888491	501(C)(3)	6,000.	0.			2014 GOGIRLGO! GRANT
SQUASHSMARTS, INC 3890 N. 10 STREET PHILADELPHIA, PA 19140	23-3060172	501(C)(3)	5,300.	0.			2014 GOGIRLGO! GRANT
BEAT THE STREETS WRESTLING PROGRAM PHILADELPHIA - 3700 MARKET STREET, SUITE 300 - PHILADELPHIA, PA 19104	80-0413630	501(C)(3)	6,000.	0.			2014 GOGIRLGO! GRANT
THE KATIE AT THE BAT TEAM 111 FORREST AVENUE, 3RD FLOOR NARBERTH, PA 19072	20-3977499	501(C)(3)	6,000.	0.			2014 GOGIRLGO! GRANT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **37.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICE HOCKEY IN HARLEM 127 WEST 127 STREET, SUITE 415 NEW YORK, NY 10027	13-3577519	501(C)(3)	6,000.	0.			ICE HOCKEY PROGRAM GRANT
ATLANTA YOUTH TENNIS & EDUCATION FOUNDATION - 1200 ASHWOOD PARKWAY - ATLANTA, GA 30338	04-3750678	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT
PLAY LIKE A GIRL! 5729 LEBANON ROAD, SUITE 144-237 FRISCO, TX 75034	33-1149207	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT
METROLACROSSE INC. 209 GREEN STREET JAMAICA PLAIN, MA 02130	04-3508315	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT
DANCE THEATRE OF HARLEM, INC. 466 WEST 152ND STREET NEW YORK, NY 10031	13-2642091	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT
HEART OF LOS ANGELES 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	95-4397418	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT
UTAH DEVELOPMENT ACADEMY P.O.BOX 26855 SALT LAKE CITY, UT 84126	45-5238431	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT
ST. BERNARDS DEVELOPMENT FOUNDATION - 1416 E. MATTHEWS - JONESBORO, AR 72401	71-0290019	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT
INSPIRATIONAL TRIATHLON RACING INTERNATIONAL (I-TRI) - P.O. BOX 567 - EAST HAMPTON, NY 11937	90-0635108	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SISTERHOOD AGENDA, INC. P.O. BOX 922 ST. JOHN, VI 00831	56-1906776	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT	
THE CHARM CITY YOUTH LACROSSE LEAGUE - P.O.BOX 13466 - BALTIMORE, MA 21203	23-4694067	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT	
BOYS & GIRLS CLUBS OF PUEBLO COUNTY - 635 CORONA AVENUE, SUITE 3105 - PUEBLO, CO 81004	24-7307508	501(C)(3)	5,000.	0.			SPORTS 4 LIFE GRANT	
DETROIT POLICE ATHLETIC LEAGUE 111 WEST WILLIS DETROIT, MI 48207	38-3314318	501(C)(3)	10,000.	0.			SPORTS 4 LIFE GRANT	
WOODCRAFT RANGERS 340 E. 2ND STREET LOS ANGELES, CA 90012	95-1729319	501(C)(3)	10,000.	0.			SPORTS 4 LIFE GRANT	
WTT TENNIS LLC PO BOX 268 GYNEEDD, PA 19436	36-4444400	501(C)(3)	68,000.	0.			2015 BJKTWT CHARITIES DONOR ADVISED FUND GRANT	
PHILADELPHIA FREEDOMS PO BOX 268 GYNEEDD, PA 19436	36-4444400	501(C)(3)	15,870.	0.			2015 BJK WTT CHARITIES DONOR ADVISED FUND GRANT	
ALASKA PACIFIC UNIVERSITY 4101 UNIVERSITY DRIVE ANCHORAGE, AL 99508	92-0023588	501(C)(3)	10,000.	0.			2015 TRAVEL & TRAINING FUND: TEAM	
WORLD TEAM TENNIS LLC 1776 BROADWAY, SUITE 600 NEW YORK, NY 10019	23-3671017	501(C)(3)	9,791.	0.			PROGRAMS:555 BJKTWT GRANT	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVING IN THE SPIRIT 750 GLENWOOD AVENUE, SOUTH EAST ATLANTA, GA 30316	58-2207431	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
NETBALL AMERICA PO BOX 11531 WESTMINSTER, CA 92685	26-1426175	501(C)(3)	10,000.	0.			2015 SPORTS 4 LIFE GRANT
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON STREET OAKLAND, CA 94607	94-3251867	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
REDWOOD CITY POLICE ACTIVITIES LEAGUE - 3399 BAY ROAD - REDWOOD CITY, CA 94063	94-3229506	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
SOCCER WITHOUT BORDERS 9 WATERHOUSE STREET CAMBRIDGE, MA 02138	20-3786129	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
YWCA MANKATO 127 SOUTH 2ND STREET, SUITE 200 MANKATO, MN 56001	41-0711619	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
PROJECT 2020, INC. 1207 WAVERLY STREET PALO ALTO, CA 94301	45-3843715	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
SHRED LOVE 15 ELNA COURT BAYONNE, NJ 07002	27-0446536	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
LADIES IN POWER PO BOX 884073 SAN FRANCISCO, CA 94188	76-0810597	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENWICH VILLAGE YOUTH COUNCIL, INC. - 213-15 ELDRIDGE STREET - NEW YORK, NY 10002	13-3301412	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
PLAY RUGBY, INC. 630 9TH AVENUE, SUITE 809 NEW YORK, NY 10037	20-0002952	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
OAKLAND LACROSSE CLUB PO BOX 3153 OAKLAND, CA 94609	46-1048887	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
FIGURE SKATING IN HARLEM, INC. 361 WEST 125TH STREET, FOURTH FLOOR NEW YORK, NY 10027	13-3945168	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
PHILLY GIRLS IN MOTION, INC 40 W. TURNBULL AVENUE HAVERTOWN, PA 19083	27-2888491	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
ADVENTURE GIRLZ 161 DAVIS TERRACE ST. GEORGE, SC 29477	47-3994706	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
GIRLS INCORPORATED OF ALAMEDA COUNTY - 510 16TH STREET - OAKLAND, CA 94608	94-1558073	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
GONZO SOCCER, INC. 5020 MONTROSE BOULEVARD, FLOOR 6 HOUSTON, TX 77006	46-0582688	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
NORTH COUNTRY HEALTHCARE, INC. PO BOX FLAGSTAFF, AZ 86003	46-1048887	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DC SCORES 1224 M STREET, NORTH WEST, SUITE 20 WASHINGTON, DC 20005	52-2230721	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT
PEQUEAS LIGAS HISPANAS DE NEW HAVEN, INC. - PO BOX 954 - NEW HAVEN, CT 06504	22-3241656	501(C)(3)	5,000.	0.			2015 SPORTS 4 LIFE GRANT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS AWARDED TO ENABLE FEMALE ATHLETES TO TRAIN AND DEVELOP AT ADVANCED LEVELS	65	212,203.	0.		
<b>Part IV</b> <b>Supplemental Information.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					

**PART I, LINE 2:**

IN 2015, WOMENS SPORTS FOUNDATION GAVE OUT \$298,518 IN GRANTS TO ORGANIZATIONS AND INDIVIDUALS.

ONCE THE GRANTS ARE AWARDED, THE GRANTEEES HAVE 12 MONTHS TO USE THEM AND NEED TO REPORT BACK TO OUR ORGANIZATION, AFTER 6 MONTHS AND AFTER 12 MONTHS, REGARDING THE USE AND BENEFITS OF THE GRANTS. AT YEAR END, OUR ORGANIZATION PREPARES A FINAL REPORT ON THE GRANT PROGRAM.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

**Part I Questions Regarding Compensation**

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

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

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

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

**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.

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

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X





Part III	Supplemental Information
----------	--------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public  
Inspection

- ▶ **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](http://www.irs.gov/form990).**

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

**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	6	134,319	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....				
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

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

29

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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2015)

## Part II

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

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number  
23-7380557

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

PROVIDED LEADERSHIP DEVELOPMENT OPPORTUNITIES, VOLUNTEER OPPORTUNITIES,  
AND RESEARCH GRANTS.

THE WOMEN'S SPORTS FOUNDATION AND ESPNW LAUNCHED SPORTS 4 LIFE IN 2014,  
A NATIONAL EFFORT TO INCREASE THE PARTICIPATION AND RETENTION OF  
AFRICAN-AMERICAN AND HISPANIC GIRLS, AGES 11-18, IN DEVELOPMENTAL YOUTH  
SPORTS PROGRAMS. THROUGH EDUCATION, PUBLIC AWARENESS AND GRANTS TO  
ORGANIZATIONS NATIONWIDE, SPORTS 4 LIFE SEEKS TO EFFECT SUSTAINABLE  
IMPROVEMENT TO THE OVERALL HEALTH AND DEVELOPMENT OF GIRLS IN THESE  
COMMUNITIES. SPORTS 4 LIFE IS AN INVESTMENT IN THE FUTURE OF GIRLS,  
ENABLING ORGANIZATIONS AROUND THE COUNTRY TO MAKE SPORTS ACCESSIBLE  
WHILE IMPARTING FOUR FOUNDATIONAL BENEFITS OF SPORTS: LEADERSHIP,  
SELF-ESTEEM, CONFIDENCE, AND PERSEVERANCE.

IN MAY 2001, THE WOMEN'S SPORTS FOUNDATION LAUNCHED GOGIRLGO! - AN  
INITIATIVE TO GET ONE MILLION INACTIVE GIRLS PHYSICALLY ACTIVE. SINCE  
THEN, GOGIRLGO! GRANT AND EDUCATION PROGRAMS HAVE BEEN DELIVERED  
THROUGH HUNDREDS OF PARTNER YOUTH-SERVING SCHOOLS AND ORGANIZATIONS,  
IMPROVING THE SOCIAL AND EMOTIONAL HEALTH AND WELL-BEING OF THE GIRLS  
THEY SERVE. THE CURRICULUM COMBINES SPORTS AND PHYSICAL ACTIVITY WITH  
LEADERSHIP AND EDUCATION TO TEACH GIRLS ABOUT SOCIAL PRESSURES, HEALTHY  
CHOICES FOR BODY AND MIND, AND ENABLE GIRLS TO COPE WITH THE PHYSICAL,  
MENTAL HEALTH AND SOCIAL CHALLENGES THEY ARE FACING, FROM OBESITY AND  
SMOKING TO DEPRESSION AND UNHAPPINESS WITH THEIR BODIES. WOMEN'S SPORTS  
FOUNDATION AND OTHER RESEARCH POINT TO PHYSICAL ACTIVITY AS A

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

FUNDAMENTAL SOLUTION TO THE SERIOUS AND UNIQUE HEALTH AND SOCIAL PROBLEMS FACED BY GIRLS TODAY. THE FOUNDATION'S GOGIRLGO! GRANTS AND EDUCATIONAL CURRICULUM HAVE HELPED MORE THAN ONE MILLION GIRLS OF EVERY SKILL LEVEL TO PLAY SPORTS BY FUNDING SPORTS PARTICIPATION OPPORTUNITIES, INCLUDING THE COSTS OF EQUIPMENT AND APPAREL, IN GIRLS' SCHOOL, CLUB AND COMMUNITY PROGRAMS. TODAY, THE WSF CONTINUES TO PROVIDE OUR AWARD-WINNING EDUCATIONAL CURRICULUM TO ORGANIZATIONS IN MORE THAN 40 STATES ACROSS THE COUNTRY.

STARTED IN 1984, THE WOMEN'S SPORTS FOUNDATION WAS THE FIRST CHARITABLE ORGANIZATION TO OFFER GRANTS TO ASPIRING WOMEN ATHLETES WITH ELITE POTENTIAL. THE FUND PROVIDES DIRECT FINANCIAL ASSISTANCE TO ASPIRING U.S. ATHLETES - IN INDIVIDUAL AND TEAM SPORTS - WITH SUCCESSFUL COMPETITIVE RECORDS WHO HAVE THE POTENTIAL TO ACHIEVE EVEN HIGHER PERFORMANCE AND RANKINGS. THE FOUNDATION HAS AWARDED MORE THAN 1,300 GRANTS AND \$1.7 MILLION NATIONWIDE TO TEAMS AND INDIVIDUAL ATHLETES. MANY OF THESE ATHLETES WENT ON TO CAPTURE NATIONAL CHAMPIONSHIPS AND OLYMPIC AND PARALYMPIC MEDALS, INCLUDING FIGURE SKATERS MICHELLE KWAN AND MAIA SHIBUTANI, GYMNAST GABRIELLE DOUGLAS, SKI JUMPER ALISSA JOHNSON, BOBSLEDDER ELANA MEYERS, AND THE USA SOFTBALL TEAM AND USA BOXING TEAM, AMONG MANY OTHERS.

IN THE 2014 WINTER OLYMPIC & PARALYMPIC GAMES, TWELVE TRAVEL & TRAINING FUND RECIPIENTS COMPETED IN SOCHI, WITH TWO WOMEN EARNING MEDALS FOR TEAM USA- ONE SILVER AND ONE BRONZE. IN THE 2012 OLYMPIC & PARALYMPIC GAMES, THIRTY-ONE TRAVEL & TRAINING FUND RECIPIENTS COMPETED IN LONDON, WITH ONE TEAM AND FOUR INDIVIDUALS EARNING 7 MEDALS - FIVE GOLD, ONE SILVER AND ONE BRONZE.



Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

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

OUTLETS, ENABLING US TO SHARE HIGHLIGHTS OF OUR WORK AND IMPORTANT ISSUES THROUGH INTERACTIVE MESSAGES ON FACEBOOK (19,000+ LIKES), AND TWITTER (14,000+ FOLLOWERS).

WSF ATHLETE LEADERSHIP CONNECTION (ALC), A SIGNATURE PROGRAM BORN FROM THE IDEA THAT FEMALE ATHLETES CAN BE EFFECTIVE CHANGE-MAKERS INSIDE SPORT AND VALUABLE BUSINESS HIRES POST-COMPETITION, IS COMMITTED TO SUPPORTING CHAMPION FEMALE ATHLETES IN TWO DISTINCT WAYS. FIRST, TO PROVIDE THE RESOURCES, EDUCATION AND NETWORK THEY NEED TO BECOME POWERFUL LEADERS AND SECONDLY, TO ACT AS THE CONDUIT THROUGH WHICH CHAMPION ATHLETES CAN MAKE A SUCCESSFUL TRANSITION FROM THEIR PLAYING CAREERS TO THEIR NEXT PROFESSIONAL CHALLENGE. ACCORDING TO 2016 GALLUP RESEARCH RELEASED IN PARTNERSHIP WITH THE NCAA, 48 PERCENT OF FEMALE FORMER COLLEGIATE STUDENT-ATHLETES REPORT FEELING ENGAGED AT WORK, COMPARED WITH 41 PERCENT OF FEMALE NON-ATHLETES. THAT ENGAGEMENT GENERALLY TRANSLATES INTO PRODUCTIVITY, LOYALTY AND SUCCESS.

## 1. PUBLIC EDUCATION

NATIONAL AWARDS PROGRAMS INCLUDING THE INTERNATIONAL WOMEN'S SPORTS HALL OF FAME AND SPORTSWOMAN OF THE YEAR EDUCATE THE PUBLIC ABOUT THE ACHIEVEMENTS OF FEMALE ATHLETES ON AND OFF THE FIELD. OVER THE PAST 34 YEARS, MORE THAN 400 HONOREES HAVE BEEN CELEBRATED. WITH WOMEN RECEIVING ONLY 8% OF PRINT AND ELECTRONIC SPORTS MEDIA COVERAGE, THE FOUNDATION USES ITS HIGH-VISIBILITY AWARDS EVENTS AND CELEBRITY AND CHAMPION ATHLETE SPOKESPEOPLE TO CREATE MORE MEDIA COVERAGE, AND REINFORCE THE IDEA OF HAVING POSITIVE FEMALE ATHLETES AS ROLE MODELS PORTRAYED IN THE MEDIA.

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

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2. GOGIRLGO!

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IN MAY 2001, THE WOMEN'S SPORTS FOUNDATION LAUNCHED GOGIRLGO! - AN  
INITIATIVE TO GET ONE MILLION INACTIVE GIRLS PHYSICALLY ACTIVE.

---

GOGIRLGO! GRANT AND EDUCATION PROGRAMS HAVE BEEN DELIVERED THROUGH  
HUNDREDS OF PARTNER YOUTH-SERVING SCHOOLS AND ORGANIZATIONS AND ENABLE  
GIRLS TO COPE WITH THE PHYSICAL AND MENTAL HEALTH AND SOCIAL CHALLENGES  
THEY ARE FACING, FROM OBESITY AND SMOKING TO DEPRESSION AND UNHAPPINESS  
WITH THEIR BODIES. WOMEN'S SPORTS FOUNDATION AND OTHER RESEARCH POINT  
TO PHYSICAL ACTIVITY AS A FUNDAMENTAL SOLUTION TO THE SERIOUS AND  
UNIQUE HEALTH AND SOCIAL PROBLEMS FACED BY GIRLS TODAY. THE FOUNDATIONS  
COMPREHENSIVE GOGIRLGO! PROGRAM INITIATIVES INCLUDE GRANT PROGRAMS,  
TECHNICAL ASSISTANCE TO GIRL-SERVING AGENCIES TO ENABLE THEM TO BETTER  
SERVE INACTIVE GIRLS AND COMPREHENSIVE PUBLIC EDUCATION INITIATIVES.

---

KEY TO THE FOUNDATION'S PUBLIC EDUCATION EFFORTS INCLUDE THE DELIVERY  
OF RESEARCH-BASED FACTS AND MESSAGES ABOUT THE BENEFITS OF GIRLS  
PLAYING SPORTS AND BEING ACTIVE AND THE HIGHER HEALTH RISKS THEY  
ENCOUNTER WHEN THEY DO NOT. OUR WEBSITE,  
[WWW.WOMENSSPORTSFOUNDATION.ORG/GOGIRLGO](http://WWW.WOMENSSPORTSFOUNDATION.ORG/GOGIRLGO), PROVIDES SUMMARY DATA THAT  
INCLUDES THE FOLLOWING STATISTICS THAT CAN BE ADDRESSED BY INCREASED  
PHYSICAL ACTIVITY:

---

\*APPROXIMATELY 25 MILLION CHILDREN UNDER 17 ARE EITHER OVERWEIGHT OR  
OBESE.

---

\*A GIRL'S PARTICIPATION IN SPORTS OR PHYSICAL ACTIVITY DECLINES  
SIGNIFICANTLY AS SHE GETS OLDER. BY THE TIME SHE IS 16 OR 17, ONLY 1 IN  
7 ATTENDS P.E. CLASS DAILY, AND 15-30 PERCENT REPORT NO REGULAR

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

PHYSICAL ACTIVITY AT ALL.

\*INACTIVITY IS MUCH MORE COMMON AMONG FEMALES THAN MALES, AND AMONG BLACK FEMALES THAN WHITE FEMALES.

\*THIRTY-EIGHT PERCENT OF 12TH GRADE GIRLS AND 18 PERCENT OF EIGHTH-GRADE GIRLS HAVE USED AN ILLICIT DRUG.

\*THE UNITED STATES HAS THE HIGHEST TEEN PREGNANCY AND BIRTH RATES IN THE INDUSTRIALIZED WORLD.

\*BY AGE 15, GIRLS ARE TWICE AS LIKELY AS BOYS TO HAVE EXPERIENCED A MAJOR DEPRESSIVE EPISODE.

\*OVER 90 PERCENT OF VICTIMS OF EATING DISORDERS ARE FEMALE, AND 86 PERCENT REPORT ONSET BY AGE 20.

### 3. INTERNATIONAL WOMEN'S SPORTS HALL OF FAME

THE WOMEN'S SPORTS FOUNDATION OWNS THE INTERNATIONAL WOMEN'S SPORTS HALL OF FAME AND A COMPREHENSIVE WOMEN'S SPORTS LIBRARY OF MORE THAN 2,000 VOLUMES, A SIGNIFICANT WOMEN'S SPORTS FILM AND VIDEO COLLECTION, ATHLETE AND EVENT MEMORABILIA REPRESENTING MORE THAN 40 SPORTS, AND TRAVELING MUSEUM EXHIBITS.

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

SCHOOL LEVEL AND NEARLY 63,000 FEWER CHANCES TO PARTICIPATE AT THE NCAA LEVEL.

\*WOMEN RECEIVE \$183 MILLION LESS IN COLLEGE SCHOLARSHIP DOLLARS EACH YEAR THAN THEIR MALE COUNTERPARTS.

\*WOMEN OF COLOR COMPRISE APPROXIMATELY 23% OF NCAA FEMALE STUDENT ATHLETES.

\*WOMEN HOLD LESS THAN 43% OF THE HEAD COACHING POSITIONS IN WOMEN'S SPORTS, LESS THAN 3% OF THE HEAD COACHING POSITIONS IN MEN'S SPORTS AND

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

8.2% OF DIVISION I, 16.1% OF DIVISION II, AND 29.1% OF DIVISION III  
COLLEGE ATHLETIC DIRECTOR JOBS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH

THE WOMEN'S SPORTS FOUNDATION HAS PUBLISHED OVER 30 RESEARCH STUDIES,  
INCLUDING HER LIFE DEPENDS ON IT I & II: SPORT, PHYSICAL ACTIVITY AND  
THE HEALTH AND WELL-BEING OF AMERICAN GIRLS (2005 & 2009); THE  
GROUND-BREAKING GO OUT AND PLAY: YOUTH SPORTS IN AMERICA (2008) AND  
WHO'S PLAYING COLLEGE SPORTS? (2008); AND WOMEN IN THE 2010 OLYMPIC AND  
PARALYMPIC WINTER GAMES: AN ANALYSIS OF PARTICIPATION, LEADERSHIP, AND  
MEDIA OPPORTUNITIES (2010). THESE AND OTHER WSF ORIGINAL RESEARCH  
REPORTS ARE QUOTED DAILY IN MEDIA, ACADEMIC AND PUBLIC HEALTH SETTINGS.  
FOLLOWING ARE BRIEF SYNOPSES OF RECENTLY COMPLETED PROJECTS:

1.GO OUT AND PLAY: YOUTH SPORTS IN AMERICA

A NATIONAL RESEARCH TEAM HEADED BY DR. DON SABO, DIRECTOR, CENTER FOR  
RESEARCH ON PHYSICAL ACTIVITY, SPORTS, AND HEALTH, D'YOUVILLE COLLEGE,  
STUDIED THE SPORTS AND FITNESS PARTICIPATION OF BOYS AND GIRLS 8-18 (TO  
ALLOW COMPARISONS) AND THE FACTORS THAT IMPACT THEIR PARTICIPATION.  
VARIABLES ADDRESSED INCLUDE RACE, ETHNICITY, AGE, SOCIO-ECONOMIC  
STATUS, FAMILY SUPPORT AND ROLE MODELING, CULTURAL BARRIERS AND  
ENVIRONMENTAL BARRIERS IN A NATIONALLY REPRESENTATIVE SAMPLE AND IN  
10-20 COMMUNITIES THAT RANK LOW ON THE HEALTH AND WELL-BEING OF GIRLS,  
OVER-SAMPLING THESE GROUPS AND OTHER RACE, ETHNIC AND ECONOMIC  
DEMOGRAPHICS TO INCREASE THE POWER OF THE STUDY. THE WSF HAS AN  
EXEMPLARY TRACK RECORD OF PERFORMING PUBLIC SERVICE RESEARCH. THIS  
RESEARCH REPORT IS THE FIRST OF ITS KIND TO MEASURE A NATIONAL

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

REPRESENTATIVE SAMPLE OF GIRLS AND BOYS AND THEIR PHYSICAL ACTIVITY BEHAVIORS. THE STUDY WILL BE REPEATED EVERY TWO YEARS TO TRACK PROGRESS.

2. EXPANDING THE BOUNDARIES OF SPORT MEDIA RESEARCH: AN EXPLORATION OF CONSUMER RESPONSES TO REPRESENTATIONS OF WOMEN'S SPORTS

OVER THE PAST THREE DECADES, SPORT MEDIA SCHOLARS HAVE CONSISTENTLY UNCOVERED TWO PATTERNS OF REPRESENTATION THROUGHOUT MAINSTREAM MEDIA:

1) FEMALE ATHLETES, COMPARED TO THEIR MALE COUNTERPARTS, ARE SIGNIFICANTLY UNDERREPRESENTED WITH RESPECT TO AMOUNT OF COVERAGE (FINK & KENSICKI, 2002; KANE & BUYSSE, 2005); AND 2) SPORTSWOMEN ARE ROUTINELY PRESENTED IN WAYS THAT EMPHASIZE THEIR FEMININITY AND HETEROSEXUALITY VERSUS THEIR ATHLETIC COMPETENCE (KANE, 1998; PARKER, 2002). THESE TRENDS HAVE BEEN REMARKABLY RESILIENT: THEY HAVE BEEN DISCOVERED IN PRINT AND BROADCAST JOURNALISM, AT DIFFERENT LEVELS OF ATHLETIC INVOLVEMENT (E.G., OLYMPIC, COLLEGE AND PROFESSIONAL SPORTS) AND REGARDLESS OF TIME PERIOD WITH RESPECT TO TITLE IX. REGARDING THIS LATTER POINT, DUNCAN AND MESSNER (2005) FOUND THAT SPORTSWOMEN CONTINUE TO BE LARGELY INVISIBLE THROUGHOUT THE VAST MEDIA LANDSCAPE, WHERE THEY TYPICALLY RECEIVE ONLY 6-8% OF ALL SPORT COVERAGE. THIS IGNORES THE REALITY OF WOMEN'S OVERALL LEVEL OF INVOLVEMENT IN THAT THEY REPRESENT APPROXIMATELY 40% OF ALL SPORT PARTICIPANTS NATIONWIDE. IT ALSO IGNORES ANOTHER REALITY

SPORTSWOMEN COMPRISE APPROXIMATELY HALF OF ALL THOSE INVOLVED IN INTERCOLLEGIATE ATHLETICS (ACOSTA & CARPENTER, 2006).

### 3. TITLE IX RESEARCH SERIES

THE WOMEN'S SPORTS FOUNDATION HAS ASSEMBLED A TITLE IX RESEARCH TEAM



Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

LED BY DR. JOHN J. CHESLOCK, OF PENN STATE UNIVERSITY (FORMERLY OF THE UNIVERSITY OF ARIZONA) TO PRODUCE A SERIES OF THREE REPORTS ON TITLE IX WHICH WILL ESSENTIALLY ANSWER THREE RELATIVELY STRAIGHTFORWARD QUESTIONS:

1. HOW HAS MALE AND FEMALE ATHLETIC PARTICIPATION CHANGED OVER TIME?

2. WHAT FACTORS HAVE CONTRIBUTED TO THESE CHANGES IN ATHLETIC PARTICIPATION?

WHILE THESE THREE QUESTIONS ARE SIMPLE, THE REPORTS WILL BE OF SUBSTANTIAL DEPTH. TO FULLY ANSWER THE RELATIVELY BROAD QUESTIONS LISTED ABOVE, ONE NEEDS TO ANSWER A VARIETY OF UNDERLYING SPECIFIC QUESTIONS. FURTHERMORE, THE ANSWERS TO EACH QUESTION CAN DIFFER SUBSTANTIALLY BY THE TYPE OF INSTITUTION EXAMINED. NCAA DIVISION I-A INSTITUTIONS, NCAA DIVISION III INSTITUTIONS, AND NJCAA INSTITUTIONS ARE UNLIKELY TO ACT IN A SIMILAR FASHION. EACH OF THESE REPORTS WILL SUBSTANTIALLY INFLUENCE THE DEBATE OVER TITLE IX WITH THE WOMEN'S SPORTS FOUNDATION LEADING A MEDIA EFFORT TO DISSEMINATE THIS WORK BROADLY.

4. WOMEN IN THE 2010 OLYMPIC AND PARALYMPIC WINTER GAMES

THE 2010 STUDY REPLICATES THE FOUNDATION'S "WOMEN IN THE 2006 OLYMPIC AND PARALYMPIC WINTER GAMES: AN ANALYSIS OF PARTICIPATION, LEADERSHIP AND MEDIA COVERAGE" REPORT, A COMPREHENSIVE STUDY GRADING THE PARITY OF WOMEN'S PARTICIPATION AND LEADERSHIP FOR THE OLYMPIC AND PARALYMPIC WINTER GAMES. THE FOUNDATION HAS ALSO CONDUCTED STUDIES ON THE SUMMER

Name of the organization	WOMEN'S SPORTS FOUNDATION	Employer identification number	23-7380557
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OLYMPIC GAMES OF 2008. OF NOTE, THE 2012 OLYMPIC REPORT IS NOW ISSUED.

THE WOMEN'S SPORTS FOUNDATION ISSUED A REPORT CARD THAT GRADES THE  
FOLLOWING:

\*2010 OLYMPIC WINTER GAMES PARTICIPATION

\*2010 PARALYMPIC WINTER GAMES PARTICIPATION

\*2010 IOC MEMBERSHIP

\*2010 INTERNATIONAL PARALYMPIC COMMITTEE (IPC) MEMBERSHIP

\*2010 U.S. OLYMPIC PARTICIPATION OF WOMEN IN LEADERSHIP POSITIONS

\*2010 U.S. PARALYMPIC PARTICIPATION OF WOMEN IN LEADERSHIP POSITIONS

\*2010 U.S. OLYMPIC COMMITTEE (USOC) BOARD OF DIRECTORS

\*2010 U.S. MEDIA COVERAGE

\*2012 OLYMPIC AND PARALYMPIC REPORT

THE WOMEN'S SPORTS FOUNDATION IS THE LEADER IN PROMOTING SPORTS, HEALTH  
AND EDUCATION FOR GIRLS AND WOMEN. WITH BILLIE JEAN KING AS OUR FOUNDER  
AND ONGOING VISIONARY, THE WOMEN'S SPORTS FOUNDATION CONTINUES TO HAVE  
A PROFOUND IMPACT ON FEMALE ATHLETICS, FROM ITS VIGOROUS ADVOCACY OF  
TITLE IX LEGISLATION TO PROVIDING GRANTS AND SCHOLARSHIPS, GRASSROOTS  
PROGRAMS FOR UNDERSERVED GIRLS, AND GROUNDBREAKING RESEARCH. AN AGENT  
FOR CHANGE, THE FOUNDATION HAS RELATIONSHIPS WITH MORE THAN 1,000 OF  
THE WORLD'S ELITE FEMALE ATHLETES AND IS RECOGNIZED GLOBALLY FOR ITS  
LEADERSHIP, VISION, STRENGTH, EXPERTISE AND INFLUENCE. FOR MORE  
INFORMATION, VISIT [WWW.WOMENSSPORTSFOUNDATION.ORG](http://WWW.WOMENSSPORTSFOUNDATION.ORG).

EXPENSES \$ 217,262. INCLUDING GRANTS OF \$ 9,000. REVENUE \$ 0.

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

THE ORGANIZATION MAKES AVAILABLE TO ALL BOARD MEMBERS THE FORM 990 FOR

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number  
23-7380557

THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. EVERYONE IN THE ORGANIZATION IS REVIEWED PERIODICALLY TO DETERMINE IF A CONFLICT OF INTEREST HAS OCCURED.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO AND TOP MANAGEMENT OFFICIALS: 1) APPROVAL BY THE BOARDS COMPENSATION COMMITTEE, 2) WRITTEN EMPLOYMENT CONTRACT (CEO), 3) FORM 990 OF OTHER ORGANIZATIONS, 4) INDUSTRY SPECIFIC SALARY STUDIES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	96,905.
MANAGEMENT AND GENERAL EXPENSES	168,461.
FUNDRAISING EXPENSES	113,427.
TOTAL EXPENSES	378,793.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	378,793.

FORM 990, PART XII LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

FORM 990, PART I, LINE 1

THE FOUNDATION WORKS FOR EQUAL OPPORTUNITY FOR ALL WOMEN TO PLAY SPORTS SO THEY CAN DERIVE THE PHYSIOLOGICAL, PSYCHOLOGICAL AND SOCIOLOGICAL BENEFITS OF SPORTS PARTICIPATION.

THE WOMEN'S SPORTS FOUNDATION IS THE TRUSTED VOICE OF WOMEN'S SPORTS AND PHYSICAL ACTIVITY BECAUSE OUR WORK IS ANCHORED ON EVIDENCE-BASED RESEARCH AND 40 YEARS OF EXPERIENCE IN THE DESIGN AND EXECUTION OF AWARD-WINNING EDUCATION AND PUBLIC POLICY PROGRAMS. FOUNDED IN 1974 BY BILLIE JEAN KING, THE WOMEN'S SPORTS FOUNDATION IS A NATIONAL, CHARITABLE, EDUCATIONAL ORGANIZATION DEDICATED TO ADVANCING THE LIVES OF GIRLS AND WOMEN THROUGH PHYSICAL ACTIVITY. WE ARE THE ONLY NATIONAL ORGANIZATION PROMOTING ALL SPORTS AND PHYSICAL ACTIVITIES FOR WOMEN OF ALL AGES AND SKILL LEVELS AND ARE ACKNOWLEDGED BY THE MEDIA AS THE EXPERT RESOURCE ON ALL WOMEN'S SPORTS ISSUES.

AN EDUCATED PUBLIC IS THE STRONGEST FORM OF ADVOCACY, AND RESEARCH IS KEY TO DEMONSTRATING THAT SPORTS AND PHYSICAL ACTIVITY LEAD TO HEALTHIER, HAPPIER AND MORE PRODUCTIVE LIVES. THE WOMEN'S SPORTS FOUNDATION HAS A RICH HISTORY OF CONDUCTING IMPORTANT RESEARCH AND HAS MADE A LONG-TERM COMMITMENT TO A SERIES OF SIGNATURE REPORTS ADDRESSING SUCH TOPICS AS GIRLS' PARTICIPATION IN SPORTS, THE IMPACT OF MEDIA IMAGES OF WOMEN IN SPORTS AND PAY EQUITY.

OUR VISION IS A SOCIETY IN WHICH PARENTS UNDERSTAND THE BENEFITS OF SPORTS AND PHYSICAL ACTIVITY PARTICIPATION FOR BOTH THEIR DAUGHTERS AND THEIR SONS AND EQUALLY ENCOURAGE THEM TO BE ACTIVE AND HEALTHY.

TOGETHER WE WANT TO CREATE A SOCIETY IN WHICH GIRLS AND WOMEN OF ALL

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

AGES FULLY EXPERIENCE AND ENJOY SPORTS AND PHYSICAL ACTIVITY WITH NO BARRIERS TO THEIR PARTICIPATION. OUR SUCCESS DEPENDS ON PEOPLE AROUND THE WORLD WHO WORK WITH US TO HELP EVERY GIRL AND WOMAN BELIEVE THAT SHE CAN BE FIT, CONFIDENT AND HEALTHY IN A BODY OF ANY SIZE.

THE WOMEN'S SPORTS FOUNDATION IS A NATIONAL 501(C)(3) CHARITABLE ORGANIZATION WITH A STRONG BOARD WHO ARE ACTIVELY ENGAGED IN STANDING COMMITTEES. THE COMMITTEES MEET ON A REGULAR BASIS, AND THE CHAIR OF THE BOARD, THE PRESIDENT AND THE HEADS OF EACH COMMITTEE FORM THE EXECUTIVE COMMITTEE. COMMITTEE MEMBERS ARE EITHER BOARD MEMBERS AND/OR EXPERTS IN THE SCOPE OF THE COMMITTEE. THE ACTIVE BOARD AND STAFF WORK WITH VOLUNTEERS WHO ENGAGE WITH THE ORGANIZATION IN THE FOLLOWING AREAS: GRANT REVIEW, AWARD NOMINATION PROCESSES, WSF NATIONAL AND GRASSROOTS EVENTS, PROGRAM IMPLEMENTATION, DISTRIBUTION OF EDUCATIONAL MATERIALS, PUBLIC POLICY INITIATIVES AND FUNDRAISING. COLLABORATIONS AND PARTNERSHIPS WITH OTHER ORGANIZATIONS ARE STANDARD ORGANIZATION PRACTICES. STAFF MEMBERS LEAD OR PARTICIPATE IN NATIONAL COLLABORATIONS AROUND GENDER EQUITY AND ACTION, TITLE IX ENFORCEMENT AND STRATEGY EFFORTS, RESEARCH EFFORTS ON WOMEN AND GIRLS, AND WOMEN AND PHILANTHROPY.

MORE THAN 500 YOUNG PROFESSIONALS HAVE DEVELOPED LEADERSHIP SKILLS AND CAREER ADVANCEMENT OPPORTUNITIES THROUGH THE FOUNDATION'S INTERNSHIP PROGRAM WHILE PROVIDING SUPPORT FOR OUR PROGRAMMING EFFORTS.