WOMEN'S SPORTS FOUNDATION FORM 990 TAX YEAR 2020

Return of Organization Exempt From Income Tax

orm **990**

Department of the Treasury Internal Revenue Service 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.

OMB No. 1545-0047

2020
Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year begir	nning	, 2020	, and ending	<u>g</u>			, 20	<u>) </u>	
R c	heck if ap	anliaahla	C Name of organization					D Employer ide	entificati	ion num	ber	
	_ '		WOMEN'S SPORTS FOUNDA	TION								
	Addre chang		Doing Business As					23-7380				
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite		E Telephone nu				
	Initial	return	247 WEST 30TH STREET,	5TH FLOOR				(646) 84!	5 – 02'	73		
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code								
	Amen return		NEW YORK, NY 10001					G Gross receipt	s \$	6,	080	,932.
	Applio pendi		F Name and address of principal officer:		H(a) Is this a grou subordinates?		or	Yes	X No			
		-	247 WEST 30TH STREET,	5TH FLOOR, NEW	YORK, I	NY 10001		H(b) Are all subordi		ded?	Yes	No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 527	7	If "No," attac	h a list. (s	ee instrud	tions)	
J	Websi	ite: 🕨	WWW.WOMENSSPORTSFOUNDAT			<u> </u>		H(c) Group exemp	otion num	ber >		
K	Form o	of organ	nization: X Corporation Trust	Association Other		L Year of	formation	on: 1974 M	State of	legal do	micile:	DE
P	art I	Sui	mmary			<u>'</u>		'				
		Briefly	y describe the organization's mission o	r most significant activities:	: WE ARE	THE ALI	LY, A	DVOCATE,	AND	CATA	LYS'	$\overline{ ext{T}}$
ė			TOMORROW'S LEADERS. WE									
and		THE	IR POTENTIAL IN SPORT AN	ND LIFE.								
ern	2	Check	k this box	iscontinued its operations	s or dispose	ed of more tha	n 25% o	of its net assets	: 3.			
Governance			per of voting members of the governing	•	•			i	3			36.
			per of independent voting members of t						4			35.
ies	5	Total	number of individuals employed in cale	endar vear 2020 (Part V. lin	ne 2a)				5			19.
Activities &	1		number of volunteers (estimate if necess						6			46.
Act	1		unrelated business revenue from Part V						7a			0
			nrelated business taxable income from						7b			0
		1101 01	Treated business taxable moonic from	1 01111 000 1, 11110 04				Prior Year		Curi	rent Y	ear
	8	Contri	ibutions and grants (Part VIII, line 1h)					5,517,36	1.			3,724
ηne	9	Drogr	am service revenue (Part VIII, line 2a)		COP	Y FOR		-,,	0.		,	0
Revenue	_	Invoct	am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), line	oc 2 1 and 7d)	PUBLIC IN	ISPECTION		58,87			308	3,237
Re	11		revenue (Part VIII, column (A), lines 5,					-265,05				3,585
								5,311,18	_	5		3,376
_	12		revenue - add lines 8 through 11 (must					1,238,71				7,292
	13		s and similar amounts paid (Part IX, colu					1,230,71	0.			, 2, 2
	14		its paid to or for members (Part IX, colu					2,226,60		2	125	3,155
Expenses	15		es, other compensation, employee bene					102,00			, 133	,,133
en	16a	Profes	ssional fundraising fees (Part IX, column	n (A), line 11e)	E76 0E0			102,00	0.			
EX	, D		fundraising expenses (Part IX, column (I					2 022 12	1	1	E O 1	077
			expenses (Part IX, column (A), lines 11					2,023,13			•	3,877 1,324
	1		expenses. Add lines 13-17 (must equal		5)			5,590,44		4		
_ s	19	Rever	nue less expenses. Subtract line 18 from	n line 12								9,052
ts o nce		_					Beginn	ing of Current Y			of Yea	
Net Assets or Fund Balances	20							6,433,81				4,111
at nd E	21		liabilities (Part X, line 26)					739,86				7,239
			ssets or fund balances. Subtract line 21	from line 20				5,693,94	8.	6	, 296	5,872
	rt II		gnature Block									
Une	der per e. corre	nalties c ect. and	of perjury, I declare that I have examined th complete. Declaration of preparer (other than	is return, including accompa n officer) is based on all inform	nying schedunation of which	ıles and statem ch preparer has	nents, an s anv kno	d to the best of wledge.	my kno	owledge	and be	elief, it is
_		Ť	0.0.	· · · · · · · · · · · · · · · · · · ·				Ĭ				
Sig	ın		Webnah antoin	e				09/01/	2021			
He			Signature of officer					Date				
110			Dr. Deborah Antoine, C	Chief Executive Officer								
		<u> </u>	Type or print name and title	_								
Paid	4		Type preparer's name	Preparer's signature		Date		Check	if PTI			
	a parer	AAR	ON SHAPIRO					self-employe		01333		
	Only	Firm's	sname ▶ BKD, LLP				1			16026		
_	Jy	Firm's	s address > 1155 AVENUE OF THE AMER	ICAS #1200 NEW YORK, N	Y 10036		I	Phone no.	212.8	367.4	1000	
May	the I	RS dis	cuss this return with the preparer show	n above? (see instructions)) <u></u> .					ΧY	es	No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Forr	n 99 (0 (2020)

Page 2 Form 990 (2020)

P	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: NE ARE A POWERFUL VOICE AND CATALYST FOR ENSURING ALL GIRLS AND WOMEN	
	HAVE EQUAL ACCESS TO PHYSICAL ACTIVITY AND SPORTS AND THE BENEFITS	
	THEY PROVIDE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	orior Form 990 or 990-EZ?	X No
	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?Yes	X No
	f "Yes," describe these changes on Schedule O.	رما اممسما
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$ 2,398,373. including grants of \$ 598,000.) (Revenue \$)
	COMMUNITY IMPACT: ENGAGEMENT & RETENTION OF GIRLS IN SPORTS IS A	
	TOP PRIORITY. WE PROVIDE TOOLS AND TECHNICAL ASSISTANCE TO SUPPORT	
	COACHES, PARENTS, ADMINISTRATORS AND COMMUNITY LEADERS TO	
	STRENGTHEN RECRUITMENT, ENGAGEMENT & QUALITY OF PROGRAMMING FOR	
	GIRLS. THE CENTERPIECE OF OUR WORK IS OUR SPORTS 4 LIFE PROGRAM	
	THAT HELPS INCREASE PARTICIPATION AND RETENTION OF AFRICAN-AMERICA AND HISPANIC GIRLS IN DEVELOPMENTAL YOUTH SPORTS PROGRAM. OUR	
	CURRICULUM, GOGIRLGO, CONTINUES TO SERVE AS A PRIMARY EDUCATION	
	COOL TO IMPROVE THE HEALTH OF SEDENTARY GIRLS. TRAVEL AND TRAINING	
	FUND IS A NATIONAL PROGRAM THAT PROVIDES ACCOMPLISHED FEMALE	
	ATHLETES WITH FUNDING TO REDUCE FINANCIAL OBSTACLES.	
4k	Code:) (Expenses \$ 885,258. including grants of \$ 179,292.) (Revenue \$)
	ADVOCACY: WSF HAS BEEN SERVING AS THE COLLECTIVE VOICE FOR GIRLS	_
	AND WOMEN SINCE ITS INCEPTION. PROTECTING TITLE IX, PROMOTING	
	GENDER EQUITY AND EMPOWERING OTHERS TO TAKE ACTION IS THE	
	CORNERSTONE OF OUR WORK. WE WORK WITH OUR PARTNERS THROUGHOUT THE	
	YEAR TO ADVOCATE AT THE NATIONAL, STATE AND GRASSROOTS LEVELS FOR	
	GENDER EQUALITY. WSF IS PARTICULARLY DEDICATED TO THE NEEDS OF UNDERSERVED GIRLS, INCLUDING GIRLS OF COLOR, THOSE WITH	
	DISABILITIES, MEMBERS OF THE LGBTQ COMMUNITY AND GIRLS LIVING IN	
	LOW SOCIOECONOMIC COMMUNITIES WITH LIMITED RESOURCES. OUR EFFORTS	
	INCLUDE PROMOTING LEADERSHIP OPPORTUNITIES FOR WOMEN AND	
	ADDRESSING GENDER BIAS IN ALL AREAS OF SPORTS.	
40	Code:) (Expenses \$ 466,159. including grants of \$) (Revenue \$)
	RESEARCH - IT SERVES AS A SPRINGBOARD FOR OUR WORK. WSF HAS	_
	MAINTAINED A COMPREHENSIVE AGENDA OF SIGNATURE RESEARCH PROJECTS	
	OR MORE THAN 30 YEARS. OUR EVIDENCE-BASED PUBLIC INTEREST RESEARCH	
	ON GIRLS AND WOMEN IN SPORTS AND PHYSICAL ACTIVITY ANCHORS ALL OF	
	DUR POLICY OUTREACH AND FUELS OUR INITIATIVES. IT FOSTERS PUBLIC	
	DISCOURSE ON THE VITAL IMPORTANCE OF SPORT PARTICIPATION TO THE	
	HEALTH AND WELL-BEING OF GIRLS, DIVERSITY AND INCLUSIVENESS IN SPORTS, AND LEADERSHIP OPPORTUNITIES FOR WOMEN. DATA COMBINED WITH	
	EXPERIENCES ON THE GROUND HELP TO IDENTIFY BEST PRACTICES AND	
	INFORM OUR PROGRAMMING. WSF CONDUCTS RIGOROUS EVALUATION TO ASSESS	
	IMPACT AGAINST CLEARLY DEFINED BENCHMARKS.	
40	Other program services (Describe on Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 3,749,790.	
JS/ 0E	20 1.000	990 (2020)
	243600 V01B 9/1/2021 9:53:00 AM V 20-6.5F 3213	

Part IV Checklist of Required Schedules Page 3

ıaı	Officerial of Required Officeduces		V	Na
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3,7	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ü	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		0		Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0	Х	
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	Х	
_	complete Schedule D, Part VI	11a		
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	441		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		- 25
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44-		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3.5	
_	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		v
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		37	
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا		7.7
••	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	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	l		37
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? $\it lf$			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		v
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		21
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Estantha number assented in Day 2 of Farry 1000 Fatra 0 1/2 and 1/2 in 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 051030			990	(2020
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See \ instructions \ for \ filling \ requirements \ for \ FinCEN \ Form \ 114, \ Report \ of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
_	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
	required to file Form 8282?	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Spansaring organizations maintaining depart advised funds. Did a depart advised fund maintaining depart advised funds.	7 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: 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			
	Enter the amount of reserves on hand	1.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		21
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	100, 00			

WOMEN'S SPORTS FOUNDATION 23-7380557 Page 6 Form 990 (2020) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lation	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to e					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval					
-	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und					
	the year by the following:	0.10.11	,, aag			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internation			Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	•		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	3				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b						
	rise to conflicts?		-	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review as					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	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	ar arra	angement			
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ <u>ATTACHMENT</u>	l				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable)	, 990,	and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap					
	X Own website Another's website X Upon request Other (explain on So	chedul	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents	conflict o	f inter	est p	olicy
	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 DR. DEBORAH ANTOINE 247 WEST 30TH STREET, 5TH FLOOR NEW YORK, NY 10D01 646-845-0273	books	and record	s 🕨		

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

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than of the state of the stat	an	(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
(1)DR. DEBORAH ANTOINE	50.00									
CHIEF EXECUTIVE OFFICER	0.			Х				308,562.	0.	24,771.
(2) OLGA HARVEY	40.00							3007302.	<u> </u>	21,,,1
CHIEF STRATEGY&IMPACT OFFICER	0.			Х				186,331.	0.	11,799.
(3)ALEIA TAYLOR	40.00									
CHIEF MARKETING OFFICER	0.			Х				178,080.	0.	18,530.
(4)KAREN ISSOKSON-SILVER	40.00							,		, , , , , , , , , , , , , , , , , , ,
VP, RESEARCH AND EDUCATION	0.					Х		167,075.	0.	18,482.
(5) PATRICIA BIFULCO	40.00									
VP, COMMUNICATION	0.					Х		137,211.	0.	15,152.
(6) SARAH FAULTLESS-AXELSON	40.00									
SR. DIRECTOR OF ADVOCACY	0.					Х		117,236.	0.	9,019.
(7) JEAN TATGE	40.00									
CHIEF DEVELOPMENT OFFICER	0.			Х				121,499.	0.	1,499.
(8) LAUREN LUBIN	40.00									
SR. DIR. OF COMMUNITY IMPACT	0.					X		105,385.	0.	15,496.
(9) NATOYA CURD	40.00									
SR. DIRECTOR OF OPS AND ADMIN.	0.					Х		106,334.	0.	9,019.
(10) ALANA NICHOLS	10.00									
PRESIDENT	0.	X		X				18,000.	0.	0.
(11)BILLIE JEAN KING	10.00									
FOUNDER AND HONORARY CHAIR	0.	X		X				0.	0.	0.
(12) ELANA MEYERS-TAYLOR	10.00									
PAST PRESIDENT	0.	X		X				0.	0.	0.
(13) SCOTT PIOLI	10.00									
SECRETARY/TREASURER	0.	X		X				0.	0.	0.
(14) JOAN HAFFENREFFER	10.00									
VICE CHAIR - DEVELOPMENT	0.	Х		Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) KATHLEEN KAYSE	10.00									
CHAIR BOARD OF TRUSTEES	0.	X		Х				0	0.	0
16) KATHRYN OLSON	10.00								_	_
PAST CHAIR	0.	X		Х				0	0.	0
17) LARRY SCOTT	10.00	,		3,7						
CHAIR - TARA FUND	0.	X		Х				0	0.	0
18) MICHAEL GREGOIRE CHAIR - INVESTMENT	10.00			Х				0	0.	0
19) ILANA KLOSS	7.00	X		Λ				0	. 0.	0
PAST CHAIR		X		Х				0	0.	0
20) JAYMA MEYER	10.00	21		21				0		0
CHAIR - ADVOCACY		X		x				0	0.	0
21) PHAIDRA KNIGHT	7.00									
CHAIR - AUDIT	0.	Х		Х				0	J 0.	0
22) ANDREA PEREZ	10.00									
CHAIR - GOVERNANCE	0.	Х		Х				0	0.	0
23) JIM WILKINSON	10.00									
CHAIR - DEVELOPMENT	0.	X		Х				0	0.	0
24) KATE JOHNSON	5.00									
TRUSTEE	0.	X						0	0.	0
25) LARISSA FONTAINE	5.00									_
TRUSTEE	0.	X						0	0.	0
1b Sub-total							>	1,445,713.	0.	123,767.
c Total from continuation sheets to Part VII,	-							0.	0.	0.
d Total (add lines 1b and 1c)							_	1,445,713.	0.	123,767.
2 Total number of individuals (including but not reportable compensation from the organization		nose و	iiste 9	a a	VOO	e) wnd	o re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	sum of represents	ortab \$15	ole c 50,0	om 00?	per	nsatior "Yes	n aı s,"	nd other compens	sation from the left of the sation from the	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors	, - 1									
										_

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

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

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

Form 990 (2020)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (d	ontinu	эd)	
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average	 ,.		Posi				Reportable	Reportable		stimated	
	hours per week (list any	,	(do not check more that box, unless person is b					compensation	compensation from	aı	nount of other	i
	hours for					or/trust	ee)	from the	related organizations	con	npensati	on
	related	Ind or c	Inst	Officer	ξ _e y	Hig	Former	organization	(W-2/1099-MISC)		rom the	
	organizations below dotted	ividu direc	l iti	cer	em	hest	mer	(W-2/1099-MISC)		_	janizatio d related	
	line)	tor tr	onal		Key employee	con					anization	
		Individual trustee or director	Institutional trustee		ee	nper						
		Ф	tee			Highest compensated employee						
26) WARDE MANUEL	5.00					d						
TRUSTEE	0.	Х						0	. 0.			0
27) FIONA CARTER	5.00											
TRUSTEE	0.	Х						0	. 0.			0
28) MORI TAHERIPOUR	5.00											
TRUSTEE		Х						0	. 0.			0
29) PORTIA ARCHER	5.00											
TRUSTEE	0.	X						0] 0.			0
30) RICHARD LAPCHICK	5.00							-				
TRUSTEE	0.	X						0] 0.			0
31) ROBIN HARRIS	5.00							-				
TRUSTEE	0.	X						0] 0.			C
32) SARAH HUGHES	5.00											
TRUSTEE	0.	X						0] 0.			0
33) SASHA DIGIULIAN	5.00											
TRUSTEE	0.	X						0] 0.			0
34) KELLEY CORNISH	5.00							-	1			
TRUSTEE	0.	X						0] 0.			0
35) SHAWNA RYAN	5.00											
TRUSTEE	0.	X						0] 0.			0
36) CAROL STIFF	5.00							-				
TRUSTEE		x						0	. 0.			C
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII,	Section A				• •							
d Total (add lines 1b and 1c)	_				• •							
2 Total number of individuals (including but no							re	ceived more than	\$100 000 of			
reportable compensation from the organizati			9	u ai	JOVE	S) WIIC	, 10	cerved more than	ψ100,000 01			
											Yes	No
2 Did the examination list only former off	ioor dirooto	·r 0		ıoto	•	م برما	. .	lovos or bighos	t componented		103	110
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3		Х
										3		
4 For any individual listed on line 1a, is the												
organization and related organizations g										4	X	
individual										4		
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5		Х
Section B. Independent Contractors	res, comple	10 301	icuu	iie J	101	Sucii	per	3011		3		
Complete this table for your five highest contractors	mnoneatad i	ndon	anda	nt 1	200	tracto	rc +	hat received mare	than \$100 000 a	f		
i complete this table for your five highest co	ווואבווסמובט ו	iiaeh	ciiue	711L C	JUII	uacio	ıοι	nat received more	= man φ 100,000 0	1		

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

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

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

(A)	(B)	ĺ		(((D)	ed Employees (co		(F)																			
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more	e than one is both an		re than one n is both an ctor/trustee)		re than one n is both an ctor/trustee)		re than one n is both an ctor/trustee)		re than one n is both an ctor/trustee)		re than one is both an tor/trustee)		re than one n is both an etor/trustee)		re than one is both an tor/trustee)		is both an tor/trustee)		is both an or/trustee)		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Est am comp fro orga and	cimated ount of other pensation the unization related nization	f on in d
		Ф	tee			sated																								
37) MOLLY VAN WAGENEN	5.00																													
TRUSTEE	0.	Х						0	0.																					
88) JEFFREY GEWIRTZ	5.00																													
TRUSTEE	0.	X						0	0.																					
39) CATHERINE AKER	5.00																													
TRUSTEE	0.	X						0	0.			1																		
0) KATRICE ALBERT	5.00																													
TRUSTEE	0.	Х						0	0.																					
1) MEGHAN DUGGAN	5.00																													
TRUSTEE	0.	X						0	0.																					
12) DACIE GLAZER KASSEWITZ	5.00																													
TRUSTEE	0.	Х						0	0.																					
3) BRETT GOODMAN	5.00																													
TRUSTEE (STARTED JUNE 2020)	0.	Х						0	0.																					
4) GLORIA NEVAREZ	5.00																													
TRUSTEE	0.	Х						0	0.			(
5) LACHINA ROBINSON	5.00																													
TRUSTEE (STARTED JULY 2020)	0.	Х						0	0.																					
1b Sub-total	<u>'</u>							0.	0.			0																		
c Total from continuation sheets to Part VII, S	Section A						•																							
d Total (add lines 1b and 1c)	_						•																							
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					re	ceived more than	\$100,000 of																					
											Yes	No																		
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										3		Х																		
4 For any individual listed on line 1a, is the																														
organization and related organizations grandividual	reater than	\$15	0,0	00?	' If	"Yes,	," (complete Schedu	le J for such	4	X																			
5 Did any person listed on line 1a receive or																														
for services rendered to the organization? If " Section B. Independent Contractors										5		Х																		

year.

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

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

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۵ٌ۾	С	Fundraising events 1c	1,091,372.				
fts	d	Related organizations 1d					
ਕੁੰ≅	e	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
atio er		and similar amounts not included above . 1f	4,257,352.				
έξ	g	Noncash contributions included in					
a the		lines 1a-1f 1g	\$				
ĕ ĕ	h	Total. Add lines 1a-1f		5,348,724.			
			Business Code				
မွ	2a						
ه چَ	b						
Se	C						
am	d						
P.S.	e						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,					
		other similar amounts)	_	93,013.			93,013.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 609,695.					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 394,471.					
ě	С	Gain or (loss) 7c 215,224.					
<u>ت</u> ح	d	Net gain or (loss)		215,224.			215,224.
Other	8a	Gross income from fundraising					
Ó		events (not including \$1,091,372.					
		of contributions reported on line					
		1c). See Part IV, line 18	24,130.				
	b	Less: direct expenses 8b	113,085.				
	С	Net income or (loss) from fundraising events	▶	-88,955.			-88,955.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	<u> </u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
		Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory.		0.			
ns			Business Code				
e ne	11a	MISCELLANEOUS	900099	5,370.			5,370.
llar ⁄en	b						
Miscellaneous Revenue	С						
Σ Σ	d	All other revenue					
	е	Total. Add lines 11a-11d		5,370.			
	12	Total revenue. See instructions	<u> ▶</u>	5,573,376.			224,652.

WOMEN'S SPORTS FOUNDATION 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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	624,292.	624,292.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	153,000.	153,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	_			
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	0.60 0.01	600 200	02 222	188 256
	trustees, and key employees	869,071.	608,382.	83,333.	177,356.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0.	1 000 600	06.606	76 460
7	Other salaries and wages	1,255,844.	1,092,688.	86,696.	76,460.
8	Pension plan accruals and contributions (include	46 016	24 426	4 055	0 405
	section 401(k) and 403(b) employer contributions)	46,916. 118,060.	34,436. 89,111.	4,055.	8,425. 17,502.
9		143,264.	108,086.	14,027.	21,151.
10	,	143,204.	100,000.	14,027.	21,151.
	Fees for services (nonemployees):	0.			
	Management	27,278.	5,000.	22,278.	
	Legal	154,157.	58,354.	95,803.	
	Accounting	154,157.	30,334.	73,003.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	29,623.		29,623.	
	f Investment management fees	25,025.		25,025.	
Q	Other. (If line 11g amount exceeds 10% of line 25, column	635,679.	435,225.	15,906.	184,548.
40	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	0.00	1337223.	137700.	101/310.
	Advertising and promotion	166,615.	112,365.	38,382.	15,868.
	Office expenses	0.			
	Royalties	0.			
	Occupancy	284,629.	219,176.	26,100.	39,353.
	Travel	37,504.	33,770.	1,489.	2,245.
	Payments of travel or entertainment expenses				<u>-</u>
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	8,929.	6,737.	874.	1,318.
20	* ' ' ' ' '	0.			
21		0.			
22	·	187,616.	141,548.	18,370.	27,698.
	Insurance	14,288.	10,780.	1,399.	2,109.
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BAD DEBT	27,351.		27,351.	
b	MISCELLANEOUS	20,208.	16,840.	1,343.	2,025.
c	:				
c	I				
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,804,324.	3,749,790.	478,476.	576,058.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	486,686.	1	447,634.
	2	Savings and temporary cash investments	325,474.	2	827,335.
	3	Pledges and grants receivable, net	2,061,949.	3	2,859,637.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	36,992.	9	5,974.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,168,185.			
	b	Less: accumulated depreciation	548,704.	10c	362,785.
	11	Investments - publicly traded securities	2,897,295.	11	2,764,033.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	76,713.	15	76,713.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,433,813.	16	7,344,111.
	17	Accounts payable and accrued expenses	276,071.	17	373,239.
	18	Grants payable	381,782.	18	300,899.
	19	Deferred revenue	38,250.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	334,989.
	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	43,762.		38,112.
	26	Total liabilities. Add lines 17 through 25	739,865.	26	1,047,239.
Seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,671,532.	27	1,176,595.
B	28	Net assets with donor restrictions	4,022,416.	28	5,120,277.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	5,693,948.	32	6,296,872.
ž	33	Total liabilities and net assets/fund balances	6,433,813.	33	7,344,111.
_					Form 990 (2020)

Form 990 (2020) Page **12**

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			73,3 04,3	
2						
3	7.6					
4						
5	Net unrealized gains (losses) on investments	5		-1	66,1	28.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		6,2	96,8	372.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ınt? .		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth 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 und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

Attach to Form 990 of Form 990-E2.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

WOMEN'S SPORTS FOUNDATION 23-7380557 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2020 Page 2

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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,874,220.	4,324,388.	3,665,866.	5,517,361.	5,348,724.	22,730,559.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,874,220.	4,324,388.	3,665,866.	5,517,361.	5,348,724.	22,730,559.
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)						5,081,963.
6	Public support. Subtract line 5 from line 4						17,648,596.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4	3,874,220.	4,324,388.	3,665,866. 92,502.	5,517,361. 88,677.	5,348,724. 93,013.	22,730,559. 357,879.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	54,344.	390,352.	265,555.	1,074.	5,370.	716,695.
11	Total support. Add lines 7 through 10						23,805,133.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (li		-			14	74.14%
15	Public support percentage from 2019					15	81.24%
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization q	•		•			
D	331/3% support test - 2019. If the organization	=					
170	this box and stop here. The organization qualifies as a publicly supported organization						
114	a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization			•	•		• •
b	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the organization	-	•				
	in Part VI how the organization meets					-	-
	organization			_	· ·	· · · · · ·	
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

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

	tion A. Public Support		I	T	T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
•	or 1% of the amount on line 13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2020 (lin	ie 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation . 🕨 🔲
b	331/3% support tests - 2019. If the orga	anization did no	t 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 $331/3\%$, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔙
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions >

Schedule A (Form 990 or 990-EZ) 2020 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? If "Yes," provide detail in **Part VI.**
- c 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? If "Yes," provide detail in **Part VI.**
- 10 a 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)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			i age o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
01	detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.		0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
•				No
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI 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	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? <i>If</i> "Yes" or "No," provide details in Part VI.	3a		
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 Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S					
1								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain							
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		7						
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Se	ection 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						
С	Fair market value of other non-exempt-use assets	1c						
C	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e						
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ection C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7			ated Type III supporting	g organization				
	(see instructions).	-		· -				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Page 7

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

Sect	ion D - Distributions		, ,		Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets	11 5		4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	Gection E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2020				(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				

Schedule A (Form 990 or 990-EZ) 2020

any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPEAKER FEES: \$500

MISCELLANEOUS: \$574

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

WOMEN'S SPORTS FOUNDATION 23-7380557 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization WOMEN'S SPORTS FOUNDATION

Employer identification number 23-7380557

Part I	Contributors	(see instructions).	Use duplicate copies of	Part I if additional space is needed.
--------	--------------	---------------------	-------------------------	---------------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$320,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$116,093.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WOMEN'S SPORTS FOUNDATION

Employer identification number 23-7380557

-				(D) (U) (U)	
art II	Noncash Property	(see instructions).	Use duplicate copies	s of Part II if additiona	il space is needed.

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

Name of organization WOMEN'S SPORTS FOUNDATION

Employer identification number 23-7380557

	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any ons completing Part e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transf nd ZIP + 4	-	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferred name address on	(e) Transf	sfer of gift Relationship of transferor to transferee		
(a) Ma	Transferee's name, address, an	IQ ZIP + 4	Kelatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transf nd ZIP + 4	sfer of gift Relationship of transferor to transferee		
(a) No.	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
Part I		(b) Purpose of gift (c) Use			
	Transferee's name, address, an	(e) Transf nd ZIP + 4	-	nship of transferor to transferee	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MOM	EN'S SPORTS FOUNDATION			23-7380557
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds	or Accounts.
	Complete if the organization answered "Y	es" on Form 990, I	Part IV, line 6.	
		(a) Donor advis	ed 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 ad	dvisors in writing that	at the assets he	ld in donor advised
	funds are the organization's property, subject to the o	rganization's exclusiv	re legal control?	Yes No
6	Did the organization inform all grantees, donors, and	donor advisors in w	riting that gran	t funds can be used
	only for charitable purposes and not for the benefit	of the donor or done	or advisor, or fo	r any other purpose
	conferring impermissible private benefit?			Yes No
Pa	rt Conservation Easements.			
	Complete if the organization answered "Y			
1	Purpose(s) of conservation easements held by the or	ganization (check all t	hat apply).	
	Preservation of land for public use (for example, re	creation or education)	Preservation	on of a historically important land area
	Protection of natural habitat		Preservation	on of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held	a qualified conserva	ition contribution	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements .			2b
С	Number of conservation easements on a certified his	toric structure include	ed in (a)	2c
d	Number of conservation easements included in (c) a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transf	erred, released, exti	nguished, or tei	rminated by the organization during the
	tax year			
4	Number of states where property subject to conserva			
5	Does the organization have a written policy regar			-
_	violations, and enforcement of the conservation easer			
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violat	ions, and enforci	ng conservation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting	j, handling of violation	ns, and enforcing	g conservation easements during the year
•	> \$	Nahama datutka sa		-1' 470(L)(4)(D)(')
8	Does each conservation easement reported on line 2(d			
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of t			
	organization's accounting for conservation easements		ganization 3 nna	ricial statements that describes the
Pa	rt III Organizations Maintaining Collections of		easures, or Otl	her Similar Assets.
	Complete if the organization answered "Y			
1a	If the organization elected, as permitted under FASE	3 ASC 958 not to re	enort in its reve	nue statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exh	ibition, educatio	n, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to			
b	If the organization elected, as permitted under FASI art, historical treasures, or other similar assets held	for public exhibition,		
	provide the following amounts relating to these items			•
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, following amounts required to be reported under FAS			ii assets for illiancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1			> ¢
b	Assets included in Form 990, Part X.			

Scrie	uule D (Foilii 990) 2020							Page Z
Pa	rt Organizations Maintaini					<u>'</u>		
3	Using the organization's acquisition		other records	, check any	of the follow	ing that make sign	nificant use	of its
	collection items (check all that app	ly):						
а	Public exhibition		d	Loan or exc	hange progra	m		
b	Scholarly research		e	Other				
С	Preservation for future gene							
4	Provide a description of the organ	nization's collections	and explain	how they for	urther the or	ganization's exemp	t purpose ir	n Part
	XIII.							
5	During the year, did the organization	on solicit or receive of	donations of a	art, historical	treasures, or	other similar		_
	assets to be sold to raise funds rath	er than to be mainta	ained as part	of the organi	zation's colle	ction?	Yes	No
Pa	rt IV Escrow and Custodial A							
	Complete if the organiza	ition answered "Ye	es" on Form	990, Part I\	$^\prime$, line 9, or r	eported an amoui	nt on Form	
	990, Part X, line 21.							
1a	Is the organization an agent, trus							_
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement is							
						Amount		
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an am	ount on Form 990,	Part X, line 2	1, for escrow	or custodial	account liability?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the expl	anation has b	een provided	on Part XIII		
Pa	rt V Endowment Funds.		-					
	Complete if the organiza	ation answered "Ye	es" on Form	990, Part I\	/, line 10.			
		(a) Current year	(b) Prior y	ear (c) T	wo years back	(d) Three years back	(e) Four year	s back
1 a	Beginning of year balance	1,170,710.	1,083,	730. 1	,027,163.	937,408.	935	,333
b	Contributions				100,000.	25,000.		
	Net investment earnings, gains,							
С	and losses	45,219.	128,	218.	-32,676.	80,495.	7	7,703
اہ		<u> </u>			·			
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	14,813.	41.	238.	10,757.	15,740.	5	6,628
Ţ	Administrative expenses	1,201,116.	1,170,		,083,730.			,408
g	End of year balance							, 100
2 a	Provide the estimated percentage Board designated or quasi-endown		end balance (%	line 1g, colum	in (a)) neid as	:		
a h	Permanent endowment ► 83.9		_ /0					
0	Term endowment ► 16.0400							
C	The percentages on lines 2a, 2b, a	•	1000/					
20	Are there endowment funds not in	·		on that are he	old and admir	pictored for the		
зa		the possession of the	ie organizatio	on that are ne	eiu anu aumii	iistered for the	Yes	No
	organization by:						3a(i)	X
	(i) Unrelated organizations						3a(ii)	X
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the relate	•	•		R?		3b	
4	Describe in Part XIII the intended u		tion's endowr	nent funds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	alipment. ation answered "Y	es" on Form	990. Part I	/. line 11a.	See Form 990. Pa	rt X. line 1	0.
	Description of property			b) Cost or other) Book value	
		(inves	tment) `	(other)		eciation		
1a	Land							
b	Buildings							
С	Leasehold improvements			392,2		59,042.		232.
d	Equipment			51,0		45,193.		850.
<u>e</u>	Other			582,5		58,845.		703.
Tota	II. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X ,	column (B),	line 10c.)	▶	362,	785.

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.	"Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, lin	Page . ne 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) Financia	al derivatives			
• •	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Complete if the organization answered), Part IV, line 11c. See Form 990, Part X, lin	ie 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) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	\/a	Dort IV line 44d Con Form 000 Port V lin	- 15
), Part IV, line 11d. See Form 990, Part X, lin	
(1)	(a) De:	scription	(b) Book	k value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lı	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Par	rt X,
1.	(a) Descrip	tion of liability	(b) Book	k value
(1) Feder	al income taxes			
	RRED RENT			38,112
(3)				
(4)				
(4)				
(5)				
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8)				
(5) (6) (7) (8) (9)	on (b) must equal Form 990, Part X, col. (B) line 25.)			38,112

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Page 4 Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements	946. 753.
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	753. 623.
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5,573, Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	753. 623.
b Donated services and use of facilities	753. 623.
d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	753. 623.
e Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Characteristic Add lines 4a and 4b. Characteristic Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	753. 623.
3 Subtract line 2e from line 1	753. 623.
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	623.
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	376.
. 4 005	883
Total expenses and losses per addited infancial statements.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	182.
3 Subtract line 2e from line 1	701.
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 29,623.	
b Other (Describe in Part XIII.)	CO 2
C Add lifes 4d dild 4D 11111111111111111111111111111111111	$\frac{623.}{224}$
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
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.	
SCHEDULE D, PART V, LINE 4	
THE INCOME FROM THESE ASSETS WILL BE USED TO SUPPORT THE FOUNDATION'S	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	
COMMUNITY IMPACT, ADVOCACY, AND RESEARCH PROGRAMS.	

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number WOMEN'S SPORTS FOUNDATION 23-7380557 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total 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.

Page 2 Schedule G (Form 990 or 990-EZ) 2020

Pa	rt I	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts green	aising event contributi			
		<u> </u>	(a) Event #1 ANNUAL SALUTE	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
<u>a</u>			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	1,115,502.			1,115,502.
ď	2	Less: Contributions	1,091,372.			1,091,372.
	3	Gross income (line 1 minus line 2)	24,130.			24,130.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	77,919.			77,919.
Direct Expenses	7	Food and beverages	22,356.			22,356.
) Jirect	8	Entertainment				
	9	Other direct expenses	12,810.			12,810.
	10	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu	mn (d)		113,085. -88,955.
Pa	rt		anization answered "\			
Revenue		φ το,οοο οπτ σπι σσο <u>ΕΕ</u> , πι	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>&</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	obtract line 7 from line	1, column (d)	>	
9 8		Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
l O a		Were any of the organization's gaminous of the organization of the	g licenses revoked, susp	pended, or terminated d	uring the tax year?	Yes No

WOMEN'S SPORTS FOUNDATION

Sched	lule G (Form 990 or 990-EZ) 2020 Page 3						
11	Does the organization conduct gaming activities with nonmembers?						
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?						
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility						
b	An outside facility						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ▶						
	Address ▶						
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?						
b							
D	amount of gaming revenue retained by the third party \blacktriangleright \$						
С	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						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?						
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 ▶ \$						
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).						

Schedule G (Form 990 or 990-EZ) 2020

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Schedule I (Form 990) 2020

Employer identification number

WOMEN'S SPORTS FOUNDATION						23-73805	57
Part I General Information on Grants ar	nd Assistanc	е					
1 Does the organization maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	deligibility for the grant	s or assistance, and	
the selection criteria used to award the gran	nts or assistand	e?					X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to I	Domestic Or	ganizations a	nd Domestic Gov	vernments Com	nlete if the organiz	ation answered "\	
Part IV, line 21, for any recipient		_					C3 OH FOIH 330,
		T	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 noncash assistance	(h) Purpose of grant or assistance
(1) TGA SPORTS FOUNDATION							
1960 EAST GRAND AVENUE, SUITE 811	27-1056907	501 (C) (3)	24,000.				GIRLS SPORTS PROGRAM
(2) ORLEANS COUNTY YMCA							
209 E MAIN ST BATAVIA, NY 14020	16-0743230	501 (C) (3)	20,000.				SPORTS 4 LIFE PROGRA
(3) ALGONQUIN SPORTS, INC.							
403 MAIN ST., SUITE 200 BUFFALO, NY 14212	26-0682893	501 (C) (3)	20,000.				SPORTS 4 LIFE PROGRA
(4) LANCASTER TENNIS PATRONS ASSOCIATION, INC							
1023 HUNTERS PATH? LANCASTER, PA 17602	23-2223007	501 (C) (3)	20,000.				BJK CHARITIES FUND
(5) BESTSELF BEHAVIORAL HEALTH, INC							
255 DELAWARE AVENUE, SUITE 300	16-1004090	501 (C) (3)	20,000.				SPORTS 4 LIFE PROGRA
(6) ZINA GARRISON ALL COURT TENNIS ACADEMY							
1333 OLD SPANISH TRAIL, SUITE G #175	76-0371254	501 (C) (3)	20,000.				BJK CHARITIES FUND
(7) FIGURE SKATING IN DETROIT							
361 WEST 125TH STREET, 4TH FLOOR	13-3945168	501 (C) (3)	20,000.				SPORTS 4 LIFE PROGRA
(8) ANN ARBOR YMCA							
400 W. WASHINGTON ST. ANN ARBOR, MI 48103	38-1525162	501 (C) (3)	20,000.				SPORTS 4 LIFE PROGRA
(9) RACQUET UP DETROIT							
PO BOX 11404 DETROIT, MI 48211	27-2620275	501 (C) (3)	20,000.				SPORTS 4 LIFE PROGRA
(10) GIRLS ON THE RUN OF BUFFALO, INC.							
PO BOX 1271 BUFFALO, NY 14216	27-2193377	501 (C) (3)	20,000.				SPORTS 4 LIFE PROGRA
(11) MIDNIGHT GOLF PROGRAM							
30100 TELEGRAPH RD., SUITE 404	38-3580432	501 (C) (3)	20,000.				SPORTS 4 LIFE PROGRA
(12) OBERLIN COLLEGE							
173 WEST LORAIN STREET OBERLIN, OH 44074	34-0714363	501 (C) (3)	17,500.				TARA PROGRAM
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations lis	sted in the line	1 table					

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

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. **Open to Public** ► Attach to Form 990. Inspection ► Go to www.irs.gov/Form990 for the latest information. Employer identification number

WOMEN'S SPORTS FOUNDATION						23-73805	57
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to se	ubstantiate th	e amount of the	grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant			-	-			X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	nplete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the		~					,
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-		(g) Description of	(h) Purpose of grant
or government	(b) EIN	(if applicable)	grant	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
_(1) NORTH CAROLINA CENTRAL UNIVERSITY							
1801 FAYETTEVILLE STREET, P.O. BOX 19713	56-6000730	501 (C) (3)	17,500.				TARA PROGRAM
(2) ST. CATHERINE UNIVERSITY							
2004 RANDOLPH AVE, MAIL F-12	41-0695509	501 (C) (3)	17,500.				TARA PROGRAM
(3) UNIVERSITY OF CALIFORNIA, SAN DIEGO							
9500 GILMAN DRIVE LA JOLIA, CA 92093	95-6006144	501 (C) (3)	17,500.				TARA PROGRAM
(4) TRUSTEES OF CLARK UNIVERSITY							
950 MAIN STREET WORCESTER, MA 01610	04-2111203	501 (C) (3)	17,500.				TARA PROGRAM
(5) LOYOLA UNIVERSITY MARYLAND, INC.							
ATHLETICS 4501 NORTH CHARLES STREET	52-0591623	501 (C) (3)	17,500.				TARA PROGRAM
(6) REGENTS OF THE UNIVERSITY OF MICHIGAN							
1000 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501 (C) (3)	17,500.				TARA PROGRAM
(7) MISSISSIPPI VALLEY STATE UNIVERSITY							
14000 HIGHWAY 82 WEST 7265	64-6001395	501 (C) (3)	17,500.				TARA PROGRAM
(8) METROPOLITAN STATE UNIVERSITY OF DENVER							
PO BOX 173362 CAMPUS BOX 9 DENVER, CO 80217	84-0559160	501 (C) (3)	17,500.				TARA PROGRAM
(9) WELLESLEY COLLEGE							
106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501 (C) (3)	15,896.				TARA PROGRAM
(10) DANCING DREAMS							
23-91 BELL BLVD SUITE 202 BAYSIDE, NY 11360	26-0797411	501 (C) (3)	12,000.				SPORTS 4 LIFE PROGRA
(11) SG UNITED FOUNDATION							
PO BOX 670 YORK, ME 03909	84-2731661	501 (C) (3)	10,000.				POWER OF SHE PROGRAM
(12) USA RUGBY							
2655 CRESCENT DRIVE, SUITE A	16-1118870	501 (C) (3)	10,000.				TRAVEL & TRAINING
2 Enter total number of section 501(c)(3) and	government	organizations lis	ted in the line 1 tak	ole			
3 Enter total number of other organizations list	ed in the line	1 table	<u> </u>	<u> </u>	<u> </u>	<u> </u>	

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

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

2020

Inspection

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization Employer identification number WOMEN'S SPORTS FOUNDATION 23-7380557 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) SOUTH BRONX UNITED, INC. PO BOX 1267 BRONX, NY 10451 26-4064041 501 (C) (3) 7,000. SPORTS 4 LIFE PROGRA (2) POWERPLAY NYC 4 W. 43RD STREET ROOM 313 13-4045021 501 (C) (3) 7,000. SPORTS 4 LIFE PROGRA (3) THE SCGA FOUNDATION 3740 CAHUENGA BLVD STUDIO CITY, CA 91604 95-3858373 501 (C) (3) 7,000. SPORTS 4 LIFE PROGRA (4) KINGS COUNTY TENNIS LEAGUE 1 DOCK 72 WAY 7TH FLOOR BROOKLYN, NY 11205 27-3170420 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (5) INSPIRATIONAL TRIATHLON RACING INTERNATIO P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 501 (C) (3) 7,000. SPORTS 4 LIFE PROGRA (6) L.A.C.E.R. AFTERSCHOOL PROGRAMS 1277 NORTH WILCOX, SUITE 2 95-3890819 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (7) STARFINDER FOUNDATION 04-3649918 501 (C) (3) 4015 MAIN STREET PHILADELPHIA, PA 19127 7,000 SPORTS 4 LIFE PROGRA (8) BRIDGE LACROSSE DALLAS INC PO BOX 190844 DALLAS, TX 75219 16-1671742 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (9) KIDSGYM USA, INCORPORATED 3636 COLLEGE STREET COLLEGE PARK, GA 30337 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (10) HISPANIC COALITION OF GREATER WATERBURY, INC 135 EAST LIBERTY STREET 06-1349937 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (11) FRIENDS OF FORT DUPONT ICE ARENA 52-1985982 501 (C) (3) 7,000 3779 ELY PLACE SE WASHINGTON, DC 20019 SPORTS 4 LIFE PROGRA (12) DANCING GROUNDS

Schedule I (Form 990) 2020

POWER OF SHE PROGRAM

3705 ST. CLAUDE AVENUE

45-5084235 501 (C) (3)

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

7,000

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization Employer identification number WOMEN'S SPORTS FOUNDATION 23-7380557 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) SHOOTING TOUCH, INC 65 SPRAGUE STREET, EAST BUILDING, 2FL 61-1544791 501 (C) (3) 7,000. SPORTS 4 LIFE PROGRA (2) MVP360 LEADERSHIP DEVELOPMENT PROGRAMS, INC 97 STONEHAM DRIVE DELRAN, NJ 08075 46-5478618 501 (C) (3) 7,000. SPORTS 4 LIFE PROGRA (3) GIRLS IN THE GAME 1401 S SACRAMENTO DRIVE CHICAGO, IL 60623 36-4024533 501 (C) (3) 7,000. SPORTS 4 LIFE PROGRA (4) DC SCORES 1140 CONNECTICUT AVE., NW SUITE 1200 52-2230721 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (5) THE CYCLE EFFECT PO BOX 1503 EAGLE, CO 81631 46-0961369 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (6) GIRLS ON THE RUN NYC, INC. SIXTH FLOOR BROOKLYN, NY 11201 27-0131315 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (7) GIRLS INCORPORATED OF OMAHA 2811 NORTH 45TH STREET OMAHA, NE 68104 47-0562184 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (8) INNER CITY EDUCATION FOUNDATION 3855 W. SLAUSON AVENUE 95-4548521 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (9) PLAYWORKS NEW ENGLAND 67 KEMBLE ST., SUITE 3.6 BOSTON, MA 02119 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (10) DETROIT POLICE ATHLETIC LEAGUE, INCORPORATE 1680 MICHIGAN AVE DETROIT, MI 48216 38-3314318 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA (11) WOODCRAFT RANGERS 95-1729319 501 (C) (3) 7,000 340 E. 2ND STREET SUITE 200 SPORTS 4 LIFE PROGRA (12) DIRECTED INITIATIVES FOR YOUTH, INC. 8111 LOMOND ROAD NEW ORLEANS, LA 70126 26-4459825 501 (C) (3) 7,000 SPORTS 4 LIFE PROGRA 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection Employer identification number

WOMEN'S SPORTS FOUNDATION					23-738055	23-7380557		
Part I General Information on Grants a	and Assistanc	е				•		
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistand	e?					X Yes No	
Part IV, line 21, for any recipien		_					es" on Form 990,	
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 noncash assistance	(h) Purpose of grant or assistance	
(1) PHILADELPHIA YOUTH BASKETBALL, INC.								
1735 MARKET STREET, CONCOURSE FLOOR (2)	47-3758442	501 (C) (3)	7,000.				SPORTS 4 LIFE PROGRA	
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations							49.	
For Paperwork Reduction Act Notice, see the Instru							:hedule I (Form 990) 2020	

WOMEN'S SPORTS FOUNDATION 23-7380557

Schedule I (Form 990) (2020)

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
1 PIOLI GRANT	2.	11,000.			
2 TRAVEL AND TRAINING	16.	65,000.			
3 DONNELLY AWARDS	17.	76,000.			
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

ONCE THE GRANTS ARE AWARDED, THE GRANTEES HAVE 12 MONTHS TO USE THEM

AND NEED TO REPORT BACK TO OUR ORGANIZATION AFTER 6 AND 12 MONTHS,

REGARDING THE USE AND BENEFITS OF THE GRANTS. AT YEAR-END, OUR

ORGANIZATION PREPARES A FINAL REPORT ON THE GRANT PROGRAM.

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to						
2	explain	1b					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X	2					
4 a	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: Receive a severance payment or change-of-control payment?	4a		X			
_	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1						
C	 Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? 						
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		Х			
	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:						
а							
b	, •						
6	If "Yes" on line 5a or 5b, describe in Part III. 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:						
а	The organization?						
b	b Any related organization?						
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.						
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2020

WOMEN'S SPORTS FOUNDATION 23-7380557

Schedule J (Form 990) 2020 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DR. DEBORAH ANTOINE	(i)	308,562.	0.	0.	14,480.	10,291.	333,333.	
1 CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
ALEIA TAYLOR	(i)	178,080.	0.	0.	8,239.	10,291.	196,610.	
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
KAREN ISSOKSON-SILVER	(i)	167,075.	0.	0.	8,173.	10,309.	185,557.	
3 ^{VP} , RESEARCH AND EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	
OLGA HARVEY	(i)	186,331.	0.	0.	8,750.	3,049.	198,130.	
4 ^{CHIEF} STRATEGY&IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
PATRICIA BIFULCO	(i)	137,211.	0.	0.	4,861.	10,291.	152,363.	
5 ^{VP, COMMUNICATION}	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
	(ii)							
44	(i) (ii)							
	(i)							
15	(ii)							
10	(i)							
16	(ii)							
16	(")							

WOMEN'S SPORTS FOUNDATION 23-7380557

Schedule J (Form 990) 2020

Part | Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Inspection

23-7380557

Department of the Treasury Internal Revenue Service

WOMEN'S SPORTS FOUNDATION

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B THE ORGANIZATION MAKES AVAILABLE TO ALL BOARD MEMBERS THE FORM 990 FOR THEIR REVIEW PRIOR TO FILING. IF ANY QUESTIONS ARISE DURING THE REVIEW PROCESS, IT IS DISCUSSED WITH MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C ALL BOARD MEMBERS AND EMPLOYEES ARE INSTRUCTED ON CONFLICT OF INTEREST POLICIES AND EACH RECEIVES A QUESTIONNAIRE TO COMPLETE AND SIGN. IN ADDITION, EVERYONE IN THE ORGANIZATION IS REVIEWED PERIODICALLY TO DETERMINE IF A CONFLICT OF INTEREST HAS OCCURRED. IF A CONFLICT OF INTEREST EXISTS, THE AFFECTED MEMBER IS ASKED TO ABSTAIN FROM DECISION MAKING ON RELATED ISSUES.

FORM 990, PART VI, SECTION B, LINE 15A 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 THIS WAS LAST DONE IN DECEMBER OF 2020.

FORM 990, PART VI, SECTION B, LINE 15B 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) Name of the organization
WOMEN'S SPORTS FOUNDATION

Employer identification number 23-7380557

3) FORM 990 OF OTHER ORGANIZATIONS 4) INDUSTRY SPECIFIC SALARY STUDIES

THIS WAS LAST DONE IN DECEMBER OF 2020.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST

POLICY, AND FORM 1023 AVAILABLE TO THE PUBLIC UPON REQUEST. THEIR

FINANCIAL STATEMENTS ARE AVAILABLE ON THEIR WEBSITE.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, TX, UT, VA, WA, WV, WI,

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
OTHER PROFESSIONAL FEES	635,679.	435,225.	15,906.	184,548.
TOTALS	635,679.	435,225.	15,906.	184,548.