

WOMEN'S SPORTS FOUNDATION
FORM 990
TAX YEAR 2021

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOMEN'S SPORTS FOUNDATION			D Employer identification number 23-7380557
	Doing Business As			E Telephone number (646) 845-0273
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	247 WEST 30TH STREET, 5TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001			
F Name and address of principal officer: DANETTE LEIGHTON 247 WEST 30TH STREET, 5TH FLOOR, NEW YORK, NY 10001			G Gross receipts \$ 6,562,928.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.WOMENSSPORTSFOUNDATION.ORG			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1974 M State of legal domicile: DE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WE ARE THE ALLY, ADVOCATE, AND CATALYST FOR TOMORROW'S LEADERS. WE EXIST TO ENABLE GIRLS AND WOMEN TO REACH THEIR POTENTIAL IN SPORT AND LIFE.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 32
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 25
	6 Total number of volunteers (estimate if necessary)	6 62
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 5,348,724. Current Year: 6,061,903.
	9 Program service revenue (Part VIII, line 2g)	NONE NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	308,237. 215,730.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-83,585. -113,155.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,573,376. 6,164,478.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,433,155. 2,484,547.
16a Professional fundraising fees (Part IX, column (A), line 11e)		NONE NONE
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 830,347.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,593,877. 2,008,168.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,804,324. 6,483,000.	
19 Revenue less expenses. Subtract line 18 from line 12	769,052. -318,522.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 7,344,111. End of Year: 6,988,365.
	21 Total liabilities (Part X, line 26)	1,047,239. 871,744.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,296,872. 6,116,621.

Part II Signature Block

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

Sign Here	Signature of officer	Date: 10/26/2022			
	Danette Leighton, Chief Executive Officer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name: AARON SHAPIRO	Preparer's signature:	Date: 10.26.2022	Check <input type="checkbox"/> if self-employed	PTIN: P01333816
	Firm's name ▶ FORVIS, LLP			Firm's EIN ▶ 44-0160260	
	Firm's address ▶ 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036			Phone no. 212-867-4000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE 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 prior Form 990 or 990-EZ? No

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

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

4a (Code:) (Expenses \$ 3,717,000. including grants of \$ 1,809,554.) (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 & RETENTION OF AFRICAN-AMERICAN AND HISPANIC GIRLS IN DEVELOPMENTAL YOUTH SPORTS PROGRAMS. OUR CURRICULUM, GOGIRLGO, CONTINUES TO SERVE AS A PRIMARY EDUCATION TOOL 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.

4b (Code:) (Expenses \$ 885,313. including grants of \$ 180,731.) (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.

4c (Code:) (Expenses \$ 407,159. including grants of \$) (Revenue \$)

RESEARCH - IT SERVES AS A SPRINGBOARD FOR OUR WORK. WSF HAS MAINTAINED A COMPREHENSIVE AGENDA OF SIGNATURE RESEARCH PROJECTS FOR MORE THAN 30 YEARS. OUR EVIDENCE-BASED PUBLIC INTEREST RESEARCH ON GIRLS AND WOMEN IN SPORTS AND PHYSICAL ACTIVITY ANCHORS ALL OF OUR POLICY OUTREACH AND FUELS OUR INITIATIVES. IT FOSTERS PUBLIC DISCOURSE ON THE VITAL IMPORTANCE OF SPORTS 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.

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 5,009,472.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V 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 25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
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. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (32), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DANETTE LEIGHTON 247 WEST 30TH STREET, 5TH FLOOR NEW YORK, NY 10001

646-845-0273

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. DEBORAH ANTOINE CHIEF EXECUTIVE OFFICER	50.00 NONE			X				336,967.	NONE	25,417.
(2) OLGA HARVEY CHIEF STRATEGY/IMPACT OFFICER	40.00 NONE			X				187,825.	NONE	12,156.
(3) ALEIA TAYLOR CHIEF MARKETING OFFICER	40.00 NONE			X				173,080.	NONE	19,373.
(4) KAREN ISSOKSON-SILVER VP, RESEARCH AND EDUCATION	40.00 NONE					X		166,672.	NONE	19,053.
(5) JEAN TATGE CHIEF DEVELOPMENT OFFICER	40.00 NONE			X				173,095.	NONE	8,780.
(6) PATRICIA BIFULCO VP, COMMUNICATION	40.00 NONE					X		137,814.	NONE	17,707.
(7) SARAH FAULTLESS-AXELSON VP, ADVOCACY	40.00 NONE					X		120,916.	NONE	9,414.
(8) BILLIE JEAN KING FOUNDER AND HONORARY CHAIR	10.00 NONE	X		X				NONE	NONE	NONE
(9) PHAIDRA KNIGHT PRESIDENT & CHAIR - AUDIT	10.00 NONE	X		X				NONE	NONE	NONE
(10) SCOTT PIOLI TREASURER, CHAIR - FINANCE	10.00 NONE	X		X				NONE	NONE	NONE
(11) JOAN HAFFENREFFER VICE CHAIR - DEVELOPMENT	10.00 NONE	X		X				NONE	NONE	NONE
(12) KATHLEEN KAYSE CHAIR BOARD OF TRUSTEES	10.00 NONE	X		X				NONE	NONE	NONE
(13) MICHAEL GREGOIRE CHAIR - INVESTMENT	10.00 NONE	X		X				NONE	NONE	NONE
(14) ILANA KLOSS PAST CHAIR	7.00 NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATRICE ALBERT CHAIR - DIVERSITY & INCLUSION	10.00 NONE	X		X				NONE	NONE	NONE
(16) ALANA NICHOLS PAST PRESIDENT	10.00 NONE	X		X				NONE	NONE	NONE
(17) ANDREA PEREZ CHAIR - GOVERNANCE	10.00 NONE	X		X				NONE	NONE	NONE
(18) JIM WILKINSON CO-CHAIR - DEVELOPMENT	10.00 NONE	X		X				NONE	NONE	NONE
(19) MORI TAHERIPOUR CO-CHAIR-DIVERSITY & INCLUSION	10.00 NONE	X		X				NONE	NONE	NONE
(20) ROBIN HARRIS CHAIR - ADVOCACY	10.00 NONE	X		X				NONE	NONE	NONE
(21) KATE JOHNSON TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(22) FIONA CARTER TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(23) SASHA DIGIULIAN TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(24) SHAWNA RYAN TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
(25) CAROL STIFF TRUSTEE	5.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,296,369.	NONE	111,900.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,296,369.	NONE	111,900.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MOLLY VAN WAGENEN TRUSTEE	5.00 NONE	X					NONE	NONE	NONE	
(27) JEFFREY GEWIRTZ TRUSTEE	5.00 NONE	X					NONE	NONE	NONE	
(28) CATHERINE AKER TRUSTEE	5.00 NONE	X					NONE	NONE	NONE	
(29) ELANA MEYERS-TAYLOR TRUSTEE	5.00 NONE	X					NONE	NONE	NONE	
(30) MEGHAN DUGGAN TRUSTEE	5.00 NONE	X					NONE	NONE	NONE	
(31) DACIE GLAZER KASSEWITZ TRUSTEE	5.00 NONE	X					NONE	NONE	NONE	
(32) BRETT GOODMAN TRUSTEE	5.00 NONE	X					NONE	NONE	NONE	
(33) GLORIA NEVAREZ TRUSTEE	5.00 NONE	X					NONE	NONE	NONE	
(34) LACHINA ROBINSON TRUSTEE	5.00 NONE	X					NONE	NONE	NONE	
(35) SWIN CASH TRUSTEE (STARTED JUNE 2021)	5.00 NONE	X					NONE	NONE	NONE	
(36) NEFERTITI GREENE TRUSTEE (STARTED FEB 2021)	5.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MARK HENDERSON ----- TRUSTEE (STARTED JUNE 2021)	5.00 ----- NONE	X						NONE	NONE	NONE
(38) MUFFET MCGRAW ----- TRUSTEE (STARTED FEB 2021)	5.00 ----- NONE	X						NONE	NONE	NONE
(39) BERNARD MUIR ----- TRUSTEE (STARTED JUNE 2021)	5.00 ----- NONE	X						NONE	NONE	NONE

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,176,914.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	672,628.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	4,212,361.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			6,061,903.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			123,480.		123,480.	
	4	Income from investment of tax-exempt bond proceeds .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		344,815.			
			7b		252,565.			
	c	Gain or (loss)	7c	92,250.				
	d	Net gain or (loss)			92,250.		92,250.	
	8a	Gross income from fundraising events (not including \$ 1,176,914. of contributions reported on line 1c). See Part IV, line 18						
			8a		30,835.			
8b				145,885.				
c	Net income or (loss) from fundraising events			-115,050.		-115,050.		
9a	Gross income from gaming activities. See Part IV, line 19							
		9a		NONE				
		9b		NONE				
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances							
		10a		NONE				
		10b		NONE				
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue	11a	MISCELLANEOUS	Business Code					
			900099		1,895.		1,895.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d			1,895.				
12	Total revenue. See instructions			6,164,478.		102,575.		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,656,285.	1,656,285.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	334,000.	334,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	936,693.	576,025.	130,592.	230,076.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,222,520.	1,186,588.	16,873.	19,059.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,573.	40,410.	2,037.	5,126.
9 Other employee benefits	126,797.	97,420.	10,826.	18,551.
10 Payroll taxes	150,964.	114,192.	13,611.	23,161.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	23,599.		23,599.	
c Accounting	153,419.		153,419.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	31,031.		31,031.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 1,031,308.	416,798.	176,241.	438,269.
12 Advertising and promotion	NONE			
13 Office expenses	181,174.	119,278.	40,530.	21,366.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	275,114.	222,716.	19,395.	33,003.
17 Travel	67,308.	60,570.	2,494.	4,244.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	16,016.	12,115.	1,444.	2,457.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	184,850.	139,824.	16,666.	28,360.
23 Insurance	24,590.	18,600.	2,217.	3,773.
24 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.)				
a BAD DEBT	500.		500.	
b MISCELLANEOUS	19,259.	14,651.	1,706.	2,902.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,483,000.	5,009,472.	643,181.	830,347.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

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	6,164,478.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,483,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	-318,522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,296,872.
5	Net unrealized gains (losses) on investments	5	138,271.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,116,621.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college 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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

JSA
1E1210 1.000

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (76.36%); 15 Public support percentage from 2020 Schedule A (74.14%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2021, 2020. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2021, 2020. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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 - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	390,352.	265,555.	1,074.	5,370.	1,895.	664,246.
TOTALS	390,352.	265,555.	1,074.	5,370.	1,895.	664,246.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

WOMEN'S SPORTS FOUNDATION

23-7380557

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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), 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 totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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 	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A 	\$ 672,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A 	\$ 600,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A 	\$ 415,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A 	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A 	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">WOMEN'S SPORTS FOUNDATION</p>	Employer identification number <p style="text-align: center;">23-7380557</p>
--	---

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
7	N/A <hr/> <hr/> <hr/>	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 158,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

WOMEN'S SPORTS FOUNDATION

23-7380557

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2021

JSA 1E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,201,116.	1,170,710.	1,083,730.	1,027,163.	937,408.
b Contributions				100,000.	25,000.
c Net investment earnings, gains, and losses	105,988.	45,219.	128,218.	-32,676.	80,495.
d Grants or scholarships	30,000.				
e Other expenditures for facilities and programs					
f Administrative expenses	74,311.	14,813.	41,238.	10,757.	15,740.
g End of year balance	1,202,793.	1,201,116.	1,170,710.	1,083,730.	1,027,163.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 81.3500 %
 - c Term endowment 18.6500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		392,274.	369,331.	22,943.
d Equipment		51,043.	46,930.	4,113.
e Other		584,188.	431,669.	152,519.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				179,575.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and (2) DEFERRED RENT with a value of 25,540. Total is 25,540.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,447,723.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	138,271.	
b	Donated services and use of facilities	2b	176,005.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			314,276.
3	Subtract line 2e from line 1			3 6,133,447.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,031.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 31,031.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 6,164,478.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,627,974.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	176,005.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 176,005.
3	Subtract line 2e from line 1			3 6,451,969.
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	31,031.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 31,031.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 6,483,000.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

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.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED
ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE
FINANCIAL STATEMENTS.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

WOMEN'S SPORTS FOUNDATION

23-7380557

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL SALUTE (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,207,749.		1,207,749.
	2	Less: Contributions	1,176,914.		1,176,914.
	3	Gross income (line 1 minus line 2)	30,835.		30,835.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	62,975.		62,975.
	7	Food and beverages	51,300.		51,300.
	8	Entertainment			
	9	Other direct expenses	31,610.		31,610.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-115,050.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the 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 I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) USTA FOUNDATION 70 WEST RED OAK LANE WHITE PLAINS, NY 10604	13-3782331	501(C)(3)	305,096.				NON-OPERATING GRANT
(2) BLACKFEET NATION BOXING CLUB PO BOX 2132 BROWNING, MT 59417	86-3781830		90,000.				SPORTS 4 LIFE PROGRA
(3) THE SLOANE STEPHENS FOUNDATION INC 4538 CAMELLIA AVENUE LOS ANGELES, CA 91602	36-4760242	501(C)(3)	30,000.				KEEP HER PLAYING PRO
(4) YOUTH GOLF OF NORTHWEST ARKANSAS, INC. 715 EAST MONROE AVENUE LOWELL, AR 72745	20-3303805	501(C)(3)	30,000.				KEEP HER PLAYING PRO
(5) BILTMORE PREPARATORY ACADEMY 4601 NORTH 34TH STREET PHOENIX, AZ 85018	86-6000474	501(C)(3)	29,200.				KEEP HER PLAYING PRO
(6) FIGURE SKATING IN DETROIT 19120 GRAND RIVER AVENUE DETROIT, MI 48223	13-3945168	501(C)(3)	27,000.				SPORTS 4 LIFE PROGRA
(7) ANGEL CITY ALLIANCE 2355 WESTWOOD BOULEVARD	82-2603747	501(C)(3)	20,800.				KEEP HER PLAYING PRO
(8) ALGONQUIN SPORTS, INC. 1021 BROADWAY BUFFALO, NY 14212	26-0682893	501(C)(3)	20,000.				SPORTS 4 LIFE PROGRA
(9) ANN ARBOR YMCA 400 W. WASHINGTON ST. ANN ARBOR, MI 48103	38-1525162	501(C)(3)	20,000.				SPORTS 4 LIFE PROGRA
(10) BESTSELF BEHAVIORAL HEALTH, INC 255 DELAWARE AVENUE, SUITE 300	16-1004090	501(C)(3)	20,000.				SPORTS 4 LIFE PROGRA
(11) GIRLS ON THE RUN OF BUFFALO, INC. 232 MIDDLESEX ROAD BUFFALO, NY 14216	27-2193377	501(C)(3)	20,000.				SPORTS 4 LIFE PROGRA
(12) MIDNIGHT GOLF PROGRAM 30100 TELEGRAPH ROAD SUITE 404	38-3580432	501(C)(3)	20,000.				SPORTS 4 LIFE PROGRA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 112

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ORLEANS COUNTY YMCA 209 E MAIN ST BATAVIA, NY 14020	16-0743230	501(C)(3)	20,000.				SPORTS 4 LIFE PROGRA
(2) RACQUET UP DETROIT PO BOX 11404 DETROIT, MI 48211	27-2620275	501(C)(3)	20,000.				SPORTS 4 LIFE PROGRA
(3) BOYS AND GIRLS CLUB BENTON COUNTY INC PO BOX 448 BENTONVILLE, AR 72712	71-0713904	501(C)(3)	19,000.				KEEP HER PLAYING PRO
(4) WENDY HILLIARD FOUNDATION 127 WEST 127TH STREET NEW YORK, NY 10027	13-3879321	501(C)(3)	19,000.				KEEP HER PLAYING PRO
(5) ADAMS STATE UNIVERSITY FOUNDATION 208 EDGEMONT BOULEVARD ALAMOSA, CO 81101	84-6027518	501(C)(3)	17,500.				TARA PROGRAM
(6) COLLEGE OF ST. SCHOLASTICA, INC P.O. BOX 856857 MINNEAPOLIS, MN 55485	41-0698301	501(C)(3)	17,500.				TARA PROGRAM
(7) HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	23-6002304	501(C)(3)	17,500.				TARA PROGRAM
(8) LONGWOOD UNIVERSITY 201 HIGH STREET FARMVILLE, VA 23909	54-6001788	501(C)(3)	17,500.				TARA PROGRAM
(9) POMONA COLLEGE 333 NORTH COLLEGE WAY CLAREMONT, CA 91711	95-1664112	501(C)(3)	17,500.				TARA PROGRAM
(10) SAN DIEGO STATE UNIVERSITY 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182	33-0373293	501(C)(3)	17,500.				TARA PROGRAM
(11) SMITH COLLEGE 10 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	17,500.				TARA PROGRAM
(12) MEMPHIS INNER CITY RUGBY 7536 OAKHAVEN TRACE NASHVILLE, TN 37209	46-1415356	501(C)(3)	17,000.				KEEP HER PLAYING PRO

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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Name of the organization

Employer identification number

WOMEN'S SPORTS FOUNDATION

23-7380557

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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) TRUSTEES OF CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610	04-2111203	501(C)(3)	16,984.				TARA PROGRAM
(2) NORTH CAROLINA CENTRAL UNIVERSITY 1801 FAYETTEVILLE STREET, P.O. BOX 19713	56-6000730	501(C)(3)	15,035.				TARA PROGRAM
(3) CHALLENGED ATHLETES FOUNDATION 9591 WAPLES STREET SAN DIEGO, CA 92121	33-0739596	501(C)(3)	15,000.				KEEP HER PLAYING PRO
(4) MISSISSIPPI VALLEY STATE UNIVERSITY 14000 HIGHWAY 82 WEST ITTA BENA, MS 38941	64-6001395	501(C)(3)	15,000.				TARA PROGRAM
(5) THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD	95-2250801	501(C)(3)	15,000.				PROGRAMS:150 ADVOCAC
(6) ACADEMY FOR PERSONAL LEAD AND EXC MS 363 120 EAST 184TH STREET BRONX, NY 10468	13-6400434	501(C)(3)	10,000.				KEEP HER PLAYING PRO
(7) ALASKA PACIFIC UNIVERSITY 4101 UNIVERSITY DRIVE ANCHORAGE, AK 99508	92-0023588	501(C)(3)	10,000.				TRAVEL & TRAINING PR
(8) ATLANTA BICYCLE COALITION 2870 PEACHTREE ROAD NORTHWEST	58-1996013	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(9) BANNER NEIGHBORHOODS COMMUNITY CORPORATIO 2911 PULASKI HIGHWAY BALTIMORE, MD 21224	52-1336621	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(10) BLACK UNITED FUND OF ILLINOIS, INC. 1809 EAST 71ST STREET CHICAGO, IL 60649	36-3397908	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(11) DANCERS UNLIMITED 64 VAN KIRK ROAD PRINCETON, NJ 08540	85-1497399	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(12) GIRLS ON THE RUN PHILADELPHIA 40 W. EVERGREEN AVE. PHILADELPHIA, CA 19118	46-1274689	501(C)(3)	10,000.				POWER OF SHE PROGRAM

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(1) GIRLVENTURES 119 FILBERT ST OAKLAND, HI 94607	94-3319189	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(2) GREATER KANSAS CITY SPORTS FOUNDATION 2600 GRAND BLVD. KANSAS CITY, SD 64108	43-1530518	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(3) HIP CIRCLE EMPOWERMENT CENTER 727 HOWARD STREET EVANSTON, CO 60202	82-1362255	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(4) HUDSON RIVER COMMUNITY SAILING PO BOX 20677 NEW YORK, NY 10011	26-1784215	501(C)(3)	10,000.				KEEP HER PLAYING PRO
(5) IMPACT, INC. 89 SOUTH STREET BOSTON, TN 02111	04-3282285	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(6) LANCASTER TENNIS PATRONS ASSOCIATION, INC 2471 CREEK VIEW DRIVE LANCASTER, PA 17602	23-2223007	501(C)(3)	10,000.				BJK CHARITIES FUND
(7) LITTLE RED RACING LLC 7517 EAST HAMPSTEAD COURT	47-4256319	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(8) NAAYA WELLNESS LLC 528 PUTNAM AVENUE BROOKLYN, NY 11221	35-2637399	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(9) PRIMELIFE ENRICHMENT, INC. 1078 3RD AVENUE SOUTHWEST CARMEL, MN 46032	35-1411017	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(10) ST. ANTHONY PARK BOOSTER CLUB 250 PRESCOTT STREET SAINT PAUL, FL 55107	36-3617897	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(11) SURFEARNEGRA, INC. 14286 BEACH BOULEVARD	83-1304492	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(12) TAYTOWN UNLIMITED INC 2037 WHITE CYPRESS COURT SMYRNA, WI 30082	47-1975596	501(C)(3)	10,000.				POWER OF SHE PROGRAM

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(1) THE CENTER FOR HEALTH EQUITY, INC. 231 EAST JEFFERSON STREET QUINCY, FL 32351	59-3690403	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(2) THE ECO-COLLECTIVE FARM SCHOOL, INC. 1851 HIGHLAND AVENUE MELBOURNE, NC 32935	81-3174974	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(3) THERAPEUTIC PLAY FOUNDATION 530 SOUTH LAKE AVENUE PASADENA, NY 91101	47-2608294	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(4) UNITED STATES SYNCHRONIZED SWIMMING 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	31-0994560	501(C)(3)	10,000.				TRAVEL & TRAINING PR
(5) URBAN TRIAGE, INC 2210 NORTH RUSK AVENUE MADISON, WI 53713	84-3297905	501(C)(3)	10,000.				POWER OF SHE PROGRAM
(6) USA TEAM HANDBALL 1 OLYMPIC PLAZA COLORADO SPRINGS, CA 80909	20-2179012	501(C)(3)	10,000.				TRAVEL & TRAINING PR
(7) USA VOLLEYBALL 4065 SINTON ROAD COLORADO SPRINGS, IL 80907	80-0551967	501(C)(3)	10,000.				TRAVEL & TRAINING PR
(8) ZINA GARRISON ALL COURT TENNIS ACADEMY 1333 OLD SPANISH TRAIL HOUSTON, TX 77054	76-0371254	501(C)(3)	10,000.				BJK CHARITIES FUND
(9) YMCA OF AVERY COUNTY 436 HOSPITAL DRIVE LINVILLE, MO 28646	20-4910495	501(C)(3)	9,900.				POWER OF SHE PROGRAM
(10) THE NEW SUN RISING 112 EAST SHERMAN STREET MILLVALE, MN 15209	20-3496988	501(C)(3)	9,100.				POWER OF SHE PROGRAM
(11) BOYS & GIRLS CLUBS OF THE TENNESSEE VALLE 967 IRWIN STREET KNOXVILLE, MI 37917	62-0475743	501(C)(3)	9,000.				POWER OF SHE PROGRAM
(12) HANA ARTS PO BOX 686 HANA, MA 96713	99-0340564	501(C)(3)	9,000.				POWER OF SHE PROGRAM

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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) NORTH KOHALA COMMUNITY RESOURCE CENTER 55-3393 AKONI PULE HIGHWAY HAWI, IN 96719	02-0553251	501(C)(3)	9,000.				POWER OF SHE PROGRAM
(2) GIRLS ON THE RUN OF ATLANTA, INC. 1904 MONROE DRIVE, NE ATLANTA, PA 30324	58-2568271	501(C)(3)	8,500.				POWER OF SHE PROGRAM
(3) NASHVILLE JUNIOR ROLLER DERBY 1203 CHESTER AVENUE NASHVILLE, HI 37206	27-2387494	501(C)(3)	8,500.				POWER OF SHE PROGRAM
(4) RAGAMALA DANCE 711 WEST LAKE STREET MINNEAPOLIS, PA 55408	41-1747144	501(C)(3)	8,000.				POWER OF SHE PROGRAM
(5) BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY 1801 RICHMOND AVENUE PORT ROYAL, SC 29935	57-0910326	501(C)(3)	7,500.				POWER OF SHE PROGRAM
(6) BOYS & GIRLS CLUBS OF DUMPLIN VALLEY P. O. BOX 669 WHITE PINE, TN 37890	26-1475216	501(C)(3)	7,500.				POWER OF SHE PROGRAM
(7) 18TH WARD 3329 BELL STREET NEW ORLEANS, NY 70119	84-2353703	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(8) AMERICA SCORES CLEVELAND 3631 PERKINS AVENUE CLEVELAND, CA 44114	20-0500153	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(9) ATLANTA YOUTH RUGBY, INC. 1531 N MORNINGSIDE DRIVE NE	46-3984529	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(10) BEYOND SOCCER, INC. 280 MERRIMACK STREET LAWRENCE, NE 01843	45-0648718	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(11) BORDERLAND BOYS & GIRLS CLUB PO BOX 2134 GALLUP, IL 87305	31-1650341	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(12) BOYS & GIRLS CLUB OF CAMDEN COUNTY 2 SOUTH DUDLEY STREET CAMDEN, NY 08105	22-3670025	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA

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(1) BRIDGEPORT CARIBE YOUTH LEADERS, INC 1067 PARK AVENUE BRIDGEPORT, CA 06604	20-0421577	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(2) CHICAGO YOUTH BOXING CLUB, INC 2300 SOUTH MILLARD AVENUE CHICAGO, OH 60623	26-0053759	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(3) DEKALB AQUATICS SWIM TEAM, INC. 3783 WATERFRONT COURT SNELLVILLE, FL 30039	01-0718987	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(4) DIRECTED INITIATIVES FOR YOUTH, INC. 1527 GAUSE BOULEVARD SLIDELL, TN 70458	26-4459825	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(5) EDUCATION FIRST, ATHLETICS SECOND COALITION 1408 EAST 99TH STREET KANSAS CITY, OK 64131	43-1820092	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(6) EYEKONZ SPORTS LEAGUE P.O. BOX 885 BRYN MAWR, PA 19010	81-4761845	501(C)(3)		7,000.			SPORTS 4 LIFE PROGRA
(7) FIRST SERVE - NM, INC. 123 TANO NORTE SANTA FE, NM 87506	27-0044395	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(8) GEORGIA ELITE GOLD, INC. 215 WISTERIA DRIVE OXFORD, CA 30054	85-2863400	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(9) GIRLS IN THE GAME 1401 SOUTH SACRAMENTO DRIVE	36-4024533	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(10) GIRLS INCORPORATED OF OMAHA 2811 NORTH 45TH STREET OMAHA, NY 68104	47-0562184	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(11) GIRLS LEADING GIRLS 3145 GEARY BLVD. #402	46-4563540	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(12) GIRLS ON THE RUN NYC, INC. 77 SANDS STREET BROOKLYN, MO 11201	27-0131315	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA

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(1) GIRLS YOUTH BASKETBALL 8949 OREANA PEAK COURT LAS VEGAS, LA 89148	47-3498943	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(2) ICEF PUBLIC SCHOOLS 3855 WEST SLAUSON AVENUE	95-4548521	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(3) JAMESTOWN COMMUNITY CENTER 2929 19TH STREET SAN FRANCISCO, PA 94110	94-3213124	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(4) JUNIOR TENNIS CHAMPIONS CENTER 5200 CAMPUS DR. COLLEGE PARK, GA 20740	52-2114223	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(5) KIDSGYM USA, INCORPORATED P.O. BOX 491414 COLLEGE PARK, NM 30349	58-1695749	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(6) KINGS COUNTY TENNIS LEAGUE I DOCK 72 WAY BROOKLYN, CA 11205	27-3170420	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(7) L.A.C.E.R. AFTERSCHOOL PROGRAMS 1277 N. WILCOX AVENUE LOS ANGELES, GA 90038	95-3890819	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(8) LOST BOYZ, INC. 9756 S MERRILL AVE CHICAGO, NY 60617	26-3317656	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(9) MEMPHIS ATHLETIC MINISTRIES 6000 BRIARCREST AVENUE MEMPHIS, PA 38120	62-1751253	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(10) NETBALL AMERICA INC 5101 AUDREY DRIVE	26-1426175	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(11) NEW HEIGHTS YOUTH, INC. 2472 BROADWAY, PMB 112 NEW YORK, VA 10025	20-1903332	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(12) OAKLAND LACROSSE CLUB 378 GRAND AVENUE OAKLAND, TX 94610	46-1048887	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA

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(1) PLAYWORKS 1423 BROADWAY OAKLAND, NY 94612	94-3251867	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(2) POWERPLAY NYC 4 WEST 43RD STREET NEW YORK, CA 10036	13-4045021	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(3) RAPID CITY YMCA 815 KANSAS CITY STREET RAPID CITY, TN 57701	46-0227218	501(C)(3)	7,000.				POWER OF SHE PROGRAM
(4) RIVERSPORT FOUNDATION 725 SOUTH LINCOLN BOULEVARD	20-1837237	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(5) SOUTH BRONX UNITED, INC. PO BOX 1267 BRONX, DC 10451	26-4064041	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(6) SOUTHWEST LEADERSHIP ACADEMY 4301 W FILLMORE ST PHOENIX, MA 85043	45-2393838	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(7) STARFINDER FOUNDATION 4015 MAIN STREET PHILADELPHIA, AZ 19127	04-3649918	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(8) THE ED SNIDER YOUTH HOCKEY FOUNDATION 3601 S BROAD ST PHILADELPHIA, CT 19148	20-2885113	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(9) TRACKGIRLZ 9868 CROWN RIDGE DRIVE FRISCO, NJ 75035	83-2576207	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(10) TRAILSFORYOUTH.ORG 6109 FOX HILL STREET SPRINGFIELD, GA 22150	47-0906586	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(11) USA WATER SKI & WAKE SPORTS INC 2701 LAKE MYRTLE PARK ROAD	59-0841458	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(12) WASHINGTON INNER CITY LACROSSE FOUNDATION 2000 PENNSYLVANIA AVENUE NORTHWEST	52-2272259	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 ▶

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WOODLAND BOYS & GIRLS CLUB INC. PO BOX 261 NEOPIT, MD 54150	39-1423945	501(C)(3)	7,000.				SPORTS 4 LIFE PROGRA
(2) BLAZESPORTS AMERICA 3000 BUSINESS PARK DRIVE NORCROSS, GA 30071	58-2087265	501(C)(3)	6,000.				POWER OF SHE PROGRAM
(3) GIRLS ON THE RUN - IDAHO, INC. PO BOX 6812 BOISE, GA 83707	82-0580481	501(C)(3)	6,000.				POWER OF SHE PROGRAM
(4) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATIO 337 PETERSON SERVICE BUILDING	61-6033693	501(C)(3)	6,000.				POWER OF SHE PROGRAM
(5) ARIZONA TRAIL ASSOCIATION 738 NORTH 5TH AVENUE TUCSON, AZ 85705	86-0762149	501(C)(3)	5,500.				POWER OF SHE PROGRAM
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) 2021

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	12,000.			
2 TRAVEL AND TRAINING	23	82,000.			
3 POWER OF SHE	23	230,000.			
4 RUSTY FUND	4	10,000.			
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 GRANTEEES 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOMEN'S SPORTS FOUNDATION

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

23-7380557

Part I Questions Regarding Compensation

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

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

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

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.

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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.

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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 W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR. DEBORAH ANTOINE 1 CHIEF EXECUTIVE OFFIC	(i)	336,967.			15,885.	9,532.	362,384.	
	(ii)							
ALEIA TAYLOR 2 CHIEF MARKETING OFFIC	(i)	173,080.			8,528.	10,845.	192,453.	
	(ii)							
OLGA HARVEY 3 CHIEF STRATEGY/IMPACT	(i)	187,825.			9,061.	3,095.	199,981.	
	(ii)							
JEAN TATGE 4 CHIEF DEVELOPMENT OFF	(i)	173,095.			5,685.	3,095.	181,875.	
	(ii)							
KAREN ISSOKSON-SILVER 5 VP, RESEARCH AND EDUC	(i)	166,672.			8,208.	10,845.	185,725.	
	(ii)							
PATRICIA BIFULCO 6 VP, COMMUNICATION	(i)	137,814.			6,862.	10,845.	155,521.	
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WOMEN'S SPORTS FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

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Inspection**

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23-7380557

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, THEY ARE 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 15

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

Name of the organization

Employer identification number

WOMEN'S SPORTS FOUNDATION

23-7380557

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,

Name of the organization

Employer identification number

WOMEN'S SPORTS FOUNDATION

23-7380557

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
OTHER PROFESSIONAL FEES	1,031,308.	416,798.	176,241.	438,269.
TOTALS	----- 1,031,308. =====	----- 416,798. =====	----- 176,241. =====	----- 438,269. =====