

WOMEN'S SPORTS FOUNDATION
FORM 990
TAX YEAR 2022

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

2022

Open to Public Inspection

A For the 2022 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 | | | G Gross receipts \$ 10,110,786. | | |
| F Name and address of principal officer: DANETTE LEIGHTON 247 WEST 30TH STREET, 5TH FLOOR, NEW YORK, NY 10001 | | | 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) | | |
| 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(c) Group exemption number ▶ | | |
| J Website: WWW.WOMENSSPORTSFOUNDATION.ORG | | | | | |
| 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 | 33 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 33 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 28 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 53 |
| | 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 | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 6,061,903. | 8,577,982. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | NONE | NONE |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 215,730. | 118,364. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -113,155. | -178,686. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 6,164,478. | 8,517,660. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 1,990,285. | 1,099,721. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | NONE | NONE |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 2,484,547. | 3,100,510. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 887,105. | NONE | NONE |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,008,168. | 2,414,951. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,483,000. | 6,615,182. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -318,522. | 1,902,478. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 6,988,365. | 9,209,167. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 871,744. | 1,600,587. |
| | | 6,116,621. | 7,608,580. |

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 08/28/2023 |
| | 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 AARON SHAPIRO | Date 08/28/2023 | Check <input type="checkbox"/> if self-employed | PTIN P01333816 |
| | Firm's name ▶ FORVIS, LLP | Firm's EIN ▶ 44-0160260 | | Phone no. 212-867-4000 | |
| | Firm's address ▶ 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036 | | | | |

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** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 3,198,087. including grants of \$ 934,885.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,324,131. including grants of \$ 164,836.) (Revenue \$) ADVOCACY: WSF HAS BEEN SERVING AS THE COLLECTIVE VOICE FOR GIRLS AND WOMEN SINCE ITS INCEPTION. PROTECTING TITLE IX, PROMOTING GENDER EQUITY, FIGHTING FOR EQUAL PAY, INCREASED MEDIA COVERAGE AND INVESTMENT IN WOMEN'S SPORTS, AND EMPOWERING OTHERS TO TAKE ACTION ARE THE CORNERSTONES OF OUR WORK. WE COLLABORATE WITH PARTNERS TO ADVOCATE AT THE NATIONAL, STATE, AND GRASSROOTS LEVELS. WSF IS PARTICULARLY DEDICATED TO THE NEEDS OF GIRLS IN UNDERSERVED COMMUNITIES - INCLUDING BIPOC GIRLS, LGBTQ+ YOUTH, GIRLS WITH DISABILITIES, AND THOSE LIVING IN LOW SOCIOECONOMIC COMMUNITIES WITH LIMITED RESOURCES. WE WORK TO ADVANCE EQUITY, INCLUSION, SAFETY AND ACCESS.

4c (Code:) (Expenses \$ 562,079. including grants of \$) (Revenue \$) RESEARCH: SERVES AS A SPRINGBOARD FOR OUR WORK. WSF HAS MAINTAINED A COMPREHENSIVE PORTFOLIO 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 IMPACT INITIATIVES. IT FOSTERS PUBLIC DISCOURSE ON THE VITAL IMPORTANCE OF SPORT PARTICIPATION FOR THE HEALTH AND WELL-BEING OF GIRLS, LEADERSHIP OPPORTUNITIES FOR WOMEN, AND DEIB IN SPORTS. DATA COMBINED WITH EXPERIENCES ON THE GROUND HELP TO IDENTIFY BEST PRACTICES AND INFORM OUR PROGRAMMING. WSF CONDUCTS RIGOROUS EVALUATIONS 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 5,084,297.

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. Includes sub-questions 11a-f and 12a-b.

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, W-2G forms, 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 28 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 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? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | 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? 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: 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> | | |
| 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? 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. | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 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 (33), 1b (33), 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, box 6 of 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) DANETTE LEIGHTON CEO (STARTED 3/2022) | 50.00 NONE | | | X | | | | 357,207. | NONE | 23,881. |
| (2) OLGA HARVEY CHIEF STRATEGY/IMPACT OFFICER | 40.00 NONE | | | X | | | | 202,984. | NONE | 12,800. |
| (3) JEAN TATGE CHIEF DEVELOPMENT OFFICER | 40.00 NONE | | | X | | | | 179,242. | NONE | 11,940. |
| (4) KAREN ISSOKSON-SILVER VP, RESEARCH AND EDUCATION | 40.00 NONE | | | | | X | | 164,365. | NONE | 21,411. |
| (5) PATRICIA BIFULCO VP, COMMUNICATION | 40.00 NONE | | | | | X | | 144,395. | NONE | 19,016. |
| (6) ERIN CASEY VP, COMMUNITY IMPACT | 40.00 NONE | | | | | X | | 140,919. | NONE | 7,215. |
| (7) SARAH FAULTLESS-AXELSON VP, ADVOCACY | 40.00 NONE | | | | | X | | 134,679. | NONE | 11,999. |
| (8) NATOYA CURD SR. DIRECTOR OF OPS & ADMIN | 40.00 NONE | | | | | X | | 127,238. | NONE | 11,841. |
| (9) DR. DEBORAH ANTOINE CEO (THROUGH 3/2022) | 50.00 NONE | | | X | | | | 128,815. | NONE | 7,476. |
| (10) ALEIA TAYLOR CMO (UNTIL 2/2022) | 40.00 NONE | | | X | | | | 50,987. | NONE | 4,365. |
| (11) BILLIE JEAN KING FOUNDER AND HONORARY CHAIR | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (12) MEGHAN DUGGAN PRESIDENT | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (13) SCOTT PIOLI TREASURER, CHAIR - FINANCE | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (14) JOAN HAFFENREFFER VICE CHAIR - DEVELOPMENT | 10.00 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) KATHLEEN KAYSE PAST CHAIR BOARD OF TRUSTEES | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (16) MICHAEL GREGOIRE CHAIR - INVESTMENT | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (17) ILANA KLOSS PAST CHAIR | 7.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (18) GLORIA NEVAREZ CHAIR - ADVOCACY | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (19) ALANA NICHOLS PAST PRESIDENT | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (20) ANDREA PEREZ CHAIR - GOVERNANCE | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (21) JIM WILKINSON CO-CHAIR - DEVELOPMENT | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (22) ROBIN HARRIS CHAIR - BOARD OF TRUSTEES | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (23) PHAIDRA KNIGHT PAST PRESIDENT, AUDIT CHAIR | 10.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (24) FIONA CARTER TRUSTEE | 5.00 NONE | X | | | | | | NONE | NONE | NONE |
| (25) SASHA DIGIULIAN TRUSTEE | 5.00 NONE | X | | | | | | NONE | NONE | NONE |
| 1b Sub-total | | | | | | | | 1,630,831. | NONE | 131,944. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | NONE | NONE | NONE |
| d Total (add lines 1b and 1c) | | | | | | | | 1,630,831. | NONE | 131,944. |

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 **9**

| | 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) SHAWNA RYAN ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (27) CAROL STIFF ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (28) MOLLY VAN WAGENEN ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (29) CATHERINE AKER ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (30) ELANA MEYERS-TAYLOR ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (31) KATE JOHNSON ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (32) DARCIE GLAZER KASSEWITZ ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (33) BRETT GOODMAN ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (34) LACHINA ROBINSON ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (35) SWIN CASH ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (36) NEFERTITI GREENE ----- TRUSTEE | 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> | | |
| 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> | | |
| 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> | | |

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 | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (38) MUFFET MCGRAW ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (39) BERNARD MUIR ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (40) KATRICE ALBERT ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (41) SCOUT BASSETT ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (42) PORTIA ARCHER ----- TRUSTEE | 5.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (43) JILL NASH ----- TRUSTEE | 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> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | | 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) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|--|----------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 1,929,492. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) . . | 1e | 227,542. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 6,420,948. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | | | 8,577,982. | | | |
| | 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) | | 111,249. | | | 111,249. | |
| | 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) | NONE | NONE | | | | |
| | d | Net rental income or (loss) | | | NONE | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | 7a | 380,413. | | | | |
| | | | 7b | 373,298. | | | | |
| | c | Gain or (loss) | 7c | 7,115. | | | | |
| | d | Net gain or (loss) | | | 7,115. | | 7,115. | |
| | 8a | Gross income from fundraising events (not including \$ 1,929,492. of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | | | 8a | 999,944. | | | | |
| 8b | | | 1,219,828. | | | | | |
| c | Net income or (loss) from fundraising events | | | -219,884. | | -219,884. | | |
| 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 | SPEAKERS FEE | Business Code | 900099 | 31,000. | | 31,000. | |
| | b | MISCELLANEOUS | Business Code | 900099 | 10,198. | | 10,198. | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | 41,198. | | | |
| 12 | Total revenue. See instructions | | | 8,517,660. | | | -60,322. | |

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Pension, Payroll, and Total functional expenses.

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). Includes sub-rows 10a, 10b, 10c and checkboxes for FASB ASC 958 compliance.

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8,517,660. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,615,182. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,902,478. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6,116,621. |
| 5 | Net unrealized gains (losses) on investments | 5 | -410,519. |
| 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 | 7,608,580. |

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

2022

**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) 2022

JSA
2E1210 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: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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: Description, Percentage. Rows include: 14 Public support percentage for 2022 (77.61%); 15 Public support percentage from 2021 Schedule A, Part II, line 14 (76.36%); 16a 33 1/3% support test - 2022 (checked); 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 7a-b Disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities; 12 Other income; 13 Total support.

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 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2021. 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 on line 12 of 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 2022 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-2022 | (iii) Distributable Amount for 2022 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | |
| a | From 2017 | | | |
| b | From 2018 | | | |
| c | From 2019 | | | |
| d | From 2020 | | | |
| e | From 2021 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2022 distributable amount | | | |
| i | Carryover from 2017 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2022 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2022 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2018 | | | |
| b | Excess from 2019 | | | |
| c | Excess from 2020 | | | |
| d | Excess from 2021 | | | |
| e | Excess from 2022 | | | |

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 | 2018 | 2019 | 2020 | 2021 | 2022 | TOTAL |
|---------------|-----------------|---------------|---------------|---------------|----------------|-----------------|
| OTHER INCOME | 265,555. | 1,074. | 5,370. | 1,895. | 10,198. | 284,092. |
| SPEAKERS FEE | | | | | 31,000. | 31,000. |
| TOTALS | 265,555. | 1,074. | 5,370. | 1,895. | 41,198. | 315,092. |

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

2022

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 <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 |
|------------|-----------------------------------|----------------------------|---|
| 1 | N/A <hr/> <hr/> | \$ 2,323,544. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N/A <hr/> <hr/> | \$ 1,501,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | N/A <hr/> <hr/> | \$ 450,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | N/A <hr/> <hr/> | \$ 400,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | N/A <hr/> <hr/> | \$ 350,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | N/A <hr/> <hr/> | \$ 350,000. | 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/> | \$ 300,000. | 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/> | \$ 257,530. | 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/> | \$ 227,542. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | N/A <hr/> <hr/> <hr/> | \$ 200,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | N/A <hr/> <hr/> <hr/> | \$ 200,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

WOMEN'S SPORTS FOUNDATION

Employer identification number

23-7380557

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

| | |
|---|--|
| 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 III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|-------------------------|--|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

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 rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2022

JSA 2E1268 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 | 1,202,793. | 1,201,116. | 1,170,710. | 1,083,730. | 1,027,163. |
| b Contributions | | | | | 100,000. |
| c Net investment earnings, gains, and losses | -103,327. | 105,988. | 45,219. | 128,218. | -32,676. |
| d Grants or scholarships | | 30,000. | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 5,846. | 74,311. | 14,813. | 41,238. | 10,757. |
| g End of year balance | 1,093,620. | 1,202,793. | 1,201,116. | 1,170,710. | 1,083,730. |

- 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 89.4700 %
 - c Term endowment 10.5300 %
- 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | <input 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 | | 53,811. | 41,158. | 12,653. |
| d Equipment | | 51,043. | 38,997. | 12,046. |
| e Other | | 621,918. | 584,029. | 37,889. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 62,588. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) SECURITY DEPOSIT | 41,713. |
| (2) ART EXHIBIT | 35,000. |
| (3) RIGHT OF USE ASSET | 562,853. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 639,566. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) LEASE LIABILITIES | 593,656. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 593,656. |

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 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.

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) | SUPERIOR BOWL (event type) | NONE (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 1,855,892. | 1,073,544. | 2,929,436. |
| | 2 | Less: Contributions | 1,754,492. | 175,000. | 1,929,492. |
| | 3 | Gross income (line 1 minus line 2) | 101,400. | 898,544. | 999,944. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 27,751. | 166,827. | 194,578. |
| | 7 | Food and beverages | 171,500. | 81,185. | 252,685. |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 154,995. | 617,570. | 772,565. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -219,884. |

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

2022

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ATHLETE ALLY, INC. 25 WEST 45TH STREET NEW YORK, NY 10036 | 27-5527156 | 501(C)(3) | 50,000. | | | | POWER OF SHE PROGRAM |
| (2) ARIZONA COMMUNITY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | 86-0348306 | 501(C)(3) | 25,000. | | | | GIRLS SPORTS PROGRAM |
| (3) CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD THOUSAND OAKS, CA 91360 | 95-2962604 | 501(C)(3) | 17,500. | | | | TARA PROGRAM |
| (4) COLLEGE OF ST. SCHOLASTICA, INC P.O. BOX 856857 MINNEAPOLIS, MN 55485 | 41-0698301 | 501(C)(3) | 17,500. | | | | TARA PROGRAM |
| (5) D'YOUVILLE UNIVERSITY 320 PORTER AVENUE BUFFALO, NY 14201 | 16-0743989 | 501(C)(3) | 17,500. | | | | TARA PROGRAM |
| (6) FORDHAM UNIVERSITY 411 EAST FORDHAM ROAD BRONX, NY 10458 | 13-1740451 | 501(C)(3) | 17,500. | | | | TARA PROGRAM |
| (7) GRINNELL COLLEGE 733 BROAD ST, GRINNELL, IA 50112 | 42-0680387 | 501(C)(3) | 17,500. | | | | TARA PROGRAM |
| (8) MONMOUTH UNIVERSITY 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764 | 21-0634584 | 501(C)(3) | 17,500. | | | | TARA PROGRAM |
| (9) TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111 | 04-2103634 | 501(C)(3) | 17,500. | | | | TARA PROGRAM |
| (10) UNIVERSITY OF CALIFORNIA, BERKELEY 115 HAAS PAVILION BERKELEY, CA 94720 | 94-6002123 | 501(C)(3) | 17,500. | | | | TARA PROGRAM |
| (11) POMONA COLLEGE 333 NORTH COLLEGE WAY CLAREMONT, CA 91711 | 95-1664112 | 501(C)(3) | 17,099. | | | | TARA PROGRAM |
| (12) SMITH COLLEGE 10 ELM STREET NORTHAMPTON, MA 01063 | 04-1843040 | 501(C)(3) | 17,020. | | | | TARA PROGRAM |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 83

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) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

WOMEN'S SPORTS FOUNDATION

23-7380557

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ABILITIES DANCE INCORPORATED 2 STRATHMORE RD. BROOKLINE, MA 02445 | 82-4468746 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (2) AMANDLA, LNC. 469 BROOKHURST AVENUE PENN VALLEY, PA 19072 | 83-3821353 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (3) APRIL PARKER FOUNDATION, INC 1890 LONG BEACH BOULEVARD | 83-1094606 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (4) BEAT THE STREETS NEW ENGLAND 100A WARREN STREET BOSTON, MA 02119 | 45-4450102 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (5) CHAKRA FLOW UNIVERSITY LLC 4304 BOWLINE DRIVE CHARLOTTE, NC 28269 | 92-0842353 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (6) DMF YOUTH, INC. 320 WEST 83RD STREET NEW YORK, NY 10024 | 47-1189284 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (7) EUNOIAFIT 637 NORTH PARKS DRIVE DESOTO, TX 75115 | 81-1399508 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (8) F.A.I.T.H. IN RABUN COUNTY, INC. P.O. BOX 1964 CLAYTON, GA 30525 | 58-2176046 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (9) FENCING IN THE PARK INC. 1366 E 48TH ST BROOKLYN, NY 11234 | 85-3724880 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (10) GIRLS ON THE RUN NEW ORLEANS 5500 PRYTANIA STREET NEW ORLEANS, LA 70115 | 27-2773219 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (11) GIRLS ON THE RUN OF GREATER SUMMIT 8929 BRECKSVILLE ROAD BRECKSVILLE, OH 44141 | 47-0991498 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (12) GIRLS ON THE RUN OF SOUTH GEORGIA P.O. BOX 591 VALDOSTA, GA 31603 | 47-3607344 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |

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

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Schedule I (Form 990) 2022

**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

2022

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Department of the Treasury
Internal Revenue Service

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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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) HARAMBEE WELLNESS LLC P.O. BOX 13101 FLINT, MI 48501 | 85-2257690 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (2) INNERGY INC 656 MOMOTE DRIVE W MOBILE, AL 36609 | 27-0996615 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (3) INTERNATIONAL TENNIS HALL OF FAME INCORPORA 194 BELLEVUE AVENUE NEWPORT, RI 02840 | 13-6144356 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (4) INTERSECTIONAL ARTS, INC 5757 WEST ADAMS BOULEVARD | 85-3736438 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (5) MILE IN MY SHOES PO BOX 583177 MINNEAPOLIS, MN 55458 | 47-2702026 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (6) PROJECT KOA YOGA, LLC. 1769 PUOWAINA DRIVE HONOLULU, HI 96813 | 87-1380353 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (7) ST. ANTHONY PARK BOOSTER CLUB 250 PRESCOTT STREET NEWPORT, MN 55055 | 36-3617897 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (8) SURFEARNEGRA INC. 14286 BEACH BOULEVARD | 83-1304492 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (9) VENTURE OUTDOORS, INC. 317 EAST CARSON STREET PITTSBURGH, PA 15219 | 20-3275291 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (10) WE RUN BROWNSVILLE, INC. 1219 E.80TH STREET BROOKLYN, NY 11236 | 82-3892488 | 501(C)(3) | 10,000. | | | | POWER OF SHE PROGRAM |
| (11) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATIO 337 PETERSON SERVICE BUILDING | 61-6033693 | 501(C)(3) | 9,576. | | | | POWER OF SHE PROGRAM |
| (12) BLAZESPORTS AMERICA 3000 BUSINESS PARK DRIVE NORCROSS, GA 30071 | 58-2087265 | 501(C)(3) | 9,200. | | | | POWER OF SHE PROGRAM |

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Schedule I (Form 990) 2022

**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.
Attach to Form 990.

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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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.

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|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) BIKES NOT BOMBS, INC BIKES NOT BOMBS, INC. | 04-3138753 | 501(C)(3) | 8,000. | | | | POWER OF SHE PROGRAM |
| (2) BOYS & GIRLS CLUBS OF THE TENNESSEE VALLE 967 IRWIN STREET KNOXVILLE, TN 37917 | 62-0475743 | 501(C)(3) | 8,000. | | | | POWER OF SHE PROGRAM |
| (3) GIRLS ON THE RUN OF THE BAY AREA 3543 18TH STREET SAN FRANCISCO, CA 94110 | 71-0890558 | 501(C)(3) | 8,000. | | | | POWER OF SHE PROGRAM |
| (4) GIRLS ON THE RUN OF NORTHWEST INDIANA 821 WEST 45TH STREET GRIFFITH, IN 46319 | 32-0186701 | 501(C)(3) | 7,500. | | | | POWER OF SHE PROGRAM |
| (5) HARK-ALS, INC. 5 PIROZZI LANE | 45-2768674 | 501(C)(3) | 7,500. | | | | POWER OF SHE PROGRAM |
| (6) YOUNG MEN'S CHRISTIAN ASSN OF THE CAPITAL A 350 SOUTH FOSTER DRIVE | 72-0408994 | 501(C)(3) | 7,224. | | | | POWER OF SHE PROGRAM |
| (7) 18TH WARD 3329 BELL STREET NEW ORLEANS, LA 70119 | 84-2353703 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (8) AC PORTLAND 2405 SOUTHEAST 11TH AVENUE | 45-2474481 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (9) ATABEY OUTDOORS 7000 NORTH 16TH STREET PHOENIX, AZ 85020 | 86-1200434 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (10) ATLANTA YOUTH RUGBY, INC. 1531 N MORNINGSIDE DRIVE NE | 46-3984529 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (11) BEAT THE STREETS CHICAGO 5985 S ARCHER CHICAGO, IL 60638 | 36-3962523 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (12) BEYOND ATHLETICS ORANGE COUNTY, INC. 2239 WEST 5TH STREET SANTA ANA, CA 92703 | 86-1519783 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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
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|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) BEYOND CHEER ATHLETICS INC 800 PARK AVENUE FORT LEE, NJ 07024 | 85-4227788 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (2) BORDER YOUTH TENNIS EXCHANGE INC 1171 WEST TARGET RANGE ROAD | 82-1211390 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (3) BOX UNITED 5912 NORTH FOREST GLEN AVENUE | 83-3178900 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (4) BOYS & GIRLS CLUB OF GREATER MEMPHIS 44 SOUTH REMBERT STREET MEMPHIS, TN 38104 | 62-0646371 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (5) BRONX LACROSSE, INC 1 MANHATTANVILLE ROAD HARRISON, NY 10577 | 82-1991261 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (6) BROOKLYN YOUTH SPORTS CLUB, INC. 9 WYCKOFF STREET BROOKLYN, NY 11201 | 27-1404772 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (7) CAN PLAY 5443 BEECHTREE DRIVE | 46-1443733 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (8) CARROLL CTY RESOURCE COUNCIL & PREV PLNG BO 503 THARP AVENUE GREEN FOREST, AR 72638 | 20-0127753 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (9) CHB GLOBAL CORP P.O. BOX 620372 OVIEDO, FL 32762 | 81-1342236 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (10) FIELD OF DREAMS ACADEMY, INC. P.O. BOX 20361 ATLANTA, GA 30325 | 80-0152809 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (11) FOOTBALL FOR THE WORLD FOUNDATION USA 117 NORTH 32ND AVENUE OMAHA, NE 68131 | 47-3980275 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (12) GEORGE POCOCK ROWING FOUNDATION 3320 FUHRMAN AVENUE EAST SEATTLE, WA 98102 | 91-1276445 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |

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Schedule I (Form 990) 2022

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**Grants and Other Assistance to Organizations,
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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
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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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) GIRLS INCORPORATED OF ALAMEDA COUNTY 510 16TH STREET OAKLAND, CA 94612 | 94-1558073 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (2) GREATER THAN A GAME 4254 O STREET PHILADELPHIA, PA 19124 | 85-4356377 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (3) GROW OUR GAME INC 139-80 85TH DRIVE QUEENS, NY 11435 | 82-2309916 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (4) INTER TRIBAL SPORTS, INC. 5187 COLLEGE AVENUE SAN DIEGO, CA 92115 | 26-0752842 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (5) JAMESTOWN COMMUNITY CENTER 2929 19TH STREET SAN FRANCISCO, CA 94110 | 94-3213124 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (6) NATIVE STRENGTH REVOLUTION 5610 POCAHONTAS ROAD BESSEMER, AL 35022 | 47-1963368 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (7) OPEN GOAL PROJECT 1300 VAN BUREN STREET, NW | 81-0689175 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (8) PEACEPLAYERS INTERNATIONAL 1100 15TH STREET NORTHWEST | 52-2272092 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (9) PHILADELPHIA YOUTH BASKETBALL, INC. 1735 MARKET STREET PHILADELPHIA, PA 19103 | 47-3758442 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (10) PORTLAND COMMUNITY SQUASH 66 NOYES STREET PORTLAND, ME 04103 | 46-2787590 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (11) RUN4FUN, INC. 162 BAY 13TH STREET BROOKLYN, NY 11214 | 47-1002325 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (12) SHE CAN TOO SPORTS FOUNDATION 1663 SPRING PARK WALK CINCINNATI, OH 45215 | 88-1311133 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |

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**SCHEDULE I
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2022

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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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) SHERIFF PAL PROGRAM 1200 NORTH TELEGRAPH PONTIAC, MI 48341 | 47-3158769 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (2) SOCCER WITHOUT BORDERS 3700 EASTERN AVENUE BALTIMORE, MD 21224 | 20-3786129 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (3) ST. LABRE INDIAN SCHOOL EDUCATIONAL ASSOCIA 112 ST. LABRE CAMPUS DR. ASHLAND, MT 59003 | 81-0244542 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (4) TABU ACADEMY INC 195 NORTHEAST 77TH STREET MIAMI, FL 33138 | 82-3718252 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (5) TAMPA BAY RATTLERS SOFTBALL AND MENTORING I 2419 EAST CAYUGA STREET TAMPA, FL 33610 | 85-2681738 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (6) THE CHAMPION PROJECT 425 MEYER ROAD WEST SENECA, NY 14224 | 47-2123202 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (7) UNIVERSITY OF MEMPHIS FOUNDATION 635 NORMAL STREET MEMPHIS, TN 38152 | 62-6048540 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (8) UTAH WILD INC 667 EAST REDONDO AVENUE | 84-4195405 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (9) YES PREP PUBLIC SCHOOLS, INC. 5515 SOUTH LOOP EAST HOUSTON, TX 77033 | 76-0563835 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (10) YOUTH RUN NOLA, INC. 1307 ORETHA CASTLE HALEY BLVD. | 45-5359783 | 501(C)(3) | 7,000. | | | | SPORTS 4 LIFE PROGRA |
| (11) MACCABI USA, INC 1511 WALNUT STREET PHILADELPHIA, PA 19102 | 13-1810938 | 501(C)(3) | 6,000. | | | | GIRLS SPORTS PROGRAM |
| (12) | | | | | | | |

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) 2022

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 TRAVEL AND TRAINING | 27 | 97,000. | | | |
| 2 POWER OF SHE | 11 | 102,500. | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

SCHEDULE I, PART I, LINE 2

ONCE THE GRANTS ARE AWARDED, THE 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

2022

**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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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 |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 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) 2022

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 | | | | |
| 1 OLGA HARVEY CHIEF STRATEGY/IMPACT OFFICER | (i) | 202,984. | NONE | NONE | 9,305. | 3,495. | 215,784. | |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | |
| 2 JEAN TATGE CHIEF DEVELOPMENT OFFICER | (i) | 179,242. | NONE | NONE | 8,772. | 3,168. | 191,182. | |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | |
| 3 DANETTE LEIGHTON CEO (STARTED 3/2022) | (i) | 357,207. | NONE | NONE | NONE | 23,881. | 381,088. | |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | |
| 4 KAREN ISSOKSON-SILVER VP, RESEARCH AND EDUCATION | (i) | 164,365. | NONE | NONE | 8,688. | 12,723. | 185,776. | |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | |
| 5 PATRICIA BIFULCO VP, COMMUNICATION | (i) | 144,395. | NONE | NONE | 7,168. | 11,848. | 163,411. | |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | |
| 6 | (i) | | | | | | | |
| | (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

2022

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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 ANNUALLY 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. SUBSEQUENTLY, AN OUTSIDE CONSULTANT WAS HIRED TO PERFORM A REVIEW IN DECEMBER OF 2022.

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 III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

COMMUNITY IMPACT: ENGAGEMENT & RETENTION OF GIRLS IN SPORTS IS A TOP PRIORITY. WE PROVIDE TOOLS AND TECHNICAL ASSISTANCE TO SUPPORT COACHES, PARENTS, AND COMMUNITY LEADERS TO STRENGTHEN RECRUITMENT, ENGAGEMENT & QUALITY OF PROGRAMMING FOR GIRLS. OUR SPORTS 4 LIFE PROGRAM THAT HELPS INCREASE PARTICIPATION & RETENTION OF BLACK, AFRICAN-AMERICAN, HISPANIC AND NATIVE AMERICAN GIRLS IN DEVELOPMENTAL YOUTH SPORTS PROGRAMS. OUR DIGITAL PLATFORM - WE PLAY INTERACTIVE - IS A RESOURCE FOR COACHES TO HELP GIRLS DISCOVER JOY FROM PLAYING SPORTS. TRAVEL AND TRAINING FUND PROVIDES WOMEN ATHLETES WITH POTENTIAL TO BE ELITE WITH FUNDING TO REDUCE THEIR FINANCIAL OBSTACLES. ATHLETE AMBASSADOR PROGRAM ENGAGES ELITE ATHLETES AS ROLE MODELS TO INSPIRE GIRLS.

Name of the organization

Employer identification number

WOMEN'S SPORTS FOUNDATION

23-7380557

FORM 990, PART VI, LINE 17 - STATES
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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 | 926,781. | 455,088. | 155,151. | 316,542. |
| TOTALS | ----- 926,781. ----- | ----- 455,088. ----- | ----- 155,151. ----- | ----- 316,542. ----- |