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Form -	Exempt Organization Business Income Tax Reti	(3) 2	OMB No 1545-0687
, ,	For calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31	, 20 1 <u>8</u>	201 8
Departm	ent of the Treasy) Go to www irs gov/Form990T for instructions and the latest information.		Open to Public Inspection for
A .	Name of organization (Check box if name changed and see instructions) Name of organization (Check box if name changed and see instructions)		Open to Public Inspection for 501(c)(3) Organizations Only loyer identification number
	address changed		oyees' trust, see instructions)
	npt under section WOMEN'S SPORTS FOUNDATION		
,	01(C)(3) Print Number, street, and room or suite no. If a P.O. box, see instructions		380557
	08(e) 220(e) Type 247 WEST 30TH STREET, 5TH FLOOR		nstructions)
	29(a) City or town, state or province, country, and ZIP or foreign postal code value of all assets NEW YORK, NY 10001		
	d of year F Group exemption number (See instructions) ▶		
6		401(a)	trust, Other trust
H Ente	er the number of the organization's unrelated trades or businesses $lacktriangledown$ $lacktriangledown$ Descri		y (or first) unrelated
	le or business here If only one, complete Part		
	in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each the ground the previous sentence, complete Parts I and III, complete a Schedule M for each the ground the previous sentence, complete Parts I and III, complete a Schedule M for each the ground the	ach additio	nal
HH H	le or business, then complete Parts III-V ing the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group		Ves X No
	ring the tax year, was the corporation a subsidiary in an armiated group or a parent-subsidiary controlled group ✓es," enter the name and identifying number of the parent corporation ▶	· · · · · ·	
	books are in care of ▶DR. DEBORAH ANTOINE Telephone number ▶ 6	46-845	-0273
Part	Unrelated Trade or Business Income (A) Income (B) Exp	enses	(C) Net
1a (Gross receipts or sales		•
	ess returns and allowances c Balance 1c		
	Cost of goods sold (Schedule A, line 7)		
	Gross profit Subtract line 2 from line 1c		
	Capital gain net income (attach Schedule D)		
	Capital loss deduction for trusts		
	ncome (loss) from a partnership or an S corporation (attach statement)		
	Rent income (Schedule C) 6		
7 L	Unrelated debt-financed income (Schedule E)		
8 In	nterest, annuities, royalties, and rents from a controlled organization (Schedule F) 8		*** ***********************************
	nvestment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		
	Exploited exempt activity income (Schedule I) 10		
	Advertising income (Schedule J)		
	Other income (See instructions, attach schedule)		
13 T	Otali. Combine mies o umough iz ik. E.	/Except	for contributions
ı aıt	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) deductions must be directly connected with the unrelated business income)	(Lxcept	ioi contributions,
14 C	Compensation of officers, directors and trustees, Schedule K)	14	
15 S	Compensation of officers, directors and trustees (Schedule K). (5). MAR 0 2 2020	15	
יו סו	Repairs and maintenance	16	
17 B	Bad debts	17	
18 Ir	nterest (attach schedule) (see instructions).	18	
	axes and licenses		
	Charitable contributions (See instructions for limitation rules)	20	
	Depreciation (attach Form 4562)		-
	Depletion	•	
	Contributions to deferred compensation plans		
	Employee benefit programs	r	
	excess exempt expenses (Schedule I).		- i
	excess readership costs (Schedule J)		
28 C	Other deductions (attach schedule)	28	
	otal deductions. Add lines 14 through 28		
	Inrelated business taxable income before net operating loss deduction. Subtract line 29 from line		
	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		
	Inrelated business taxable income Subtract line 31 from line 30	3 2	Form 990-T (2018)
	1993600 Start Notice, see instructions	t	⊦orm ୬୬∪- I (2018)

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Pai	t III. Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	
34	Amounts paid for disallowed fringes	34	-
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	-	
	instructions)	35	
26		33	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34		
27		j	· · · · · · · · · · · · · · · · · · ·
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	377	
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		•
	enter the smaller of zero or line 36	3 8	0.
	t IV Tax Computation	<u> </u>	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	_ _	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).		
48	Total tax Add lines 46 and 47 (see instructions)	 	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.,		
	Payments A 2017 overpayment credited to 2018	·	
	2018 estimated tax payments		
	Tax deposited with Form 8868	{	
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments Form 2439		
9			
51	Form 4136 Other Total ► 50g Total payments. Add lines 50a through 50g		4,998.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	51 52	
53	•	- 1 : 	
54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	4,998.
-	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54 55	4,998.
55 Par	Enter the amount of line 54 you want Credited to 2019 estimated tax Statements Regarding Certain Activities and Other Information (see instructions		4, 550.
56			Yes No
30	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	•	Tes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	•	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign country	- -
	here >		$\frac{\lambda}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	<u> </u>
	If "Yes," see instructions for other forms the organization may have to file		
<u>58</u>	Enter the aground of tax-exempt interest received or accrued during the tax year ▶ \$		
~ :	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements and to the b true, chreet, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ast of my knowledge	and belief, it is
Sigr	Ma Sobral (Yanne) 20-20-3120 Ma	y the IRS discuss	this return
Here		h the preparer sh	,
		e instructions)? X Y	es No
Paid	Print/Type preparer's name Preparer's beginning Date Check	rif	
Prep	AARON SHAFIRO 2/14/2020 self-el		33816
	Only Firm's name DRD, DDP	EIN ► 44-016	0260
	Firm's address > 1155 AVENUE OF THE AMERICAS #1200, NEW YORK, NY 10036 Phone	_{no} 212.867.	
JSA		Form 9	90-T (2018)

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Schedule A - Cost of Goods Sold. Ent	er method	of inventory valuation	>			
1 Inventory at beginning of year . 1		6 Inventory	at end of ye	ar	1 1	
2 0-1-(1-1		1	•	old. Subtract line	i 1	
				iter here and in	1 1	
4a Additional section 263A costs						Yes No
(attach schedule)		1		section 263A (v		163 110
b Other costs (attach schedule) . 4b				or acquired fo		l x
5 Total. Add lines 1 through 4b . 5 Schedule C - Rent Income (From Real Pr	onorty and	d Personal Property	Leased V	With Peal Prope		
(see instructions)	operty and	a reisonal rioperty	Leaseu v	vitii Keai i Tope	ii t y /	
4 December of constant			*****		** * **	
//				* *************************************		** * **********************************
(1)						
(2)						
(3)						
2. Rent receive	ad as agained	· · · · · · · · · · · · · · · · · · ·		1		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percentag	m real and personal property e of rent for personal property the rent is based on profit or	exceeds		firectly connected with (a) and 2(b) (attach sc	
(1)	-	*				
(2)				<u></u>		
(3)						
(4)						
	Total					
(c) Total income. Add totals of columns 2(a) and 2(b				(b) Total deduction		
here and on page 1, Part I, line 6, column (A)	•			Enter here and or Part I, line 6, colu		
Schedule E - Unrelated Debt-Financed In		instructions)		1	(2)	
		2 Gross income from or	3 [Deductions directly co		ble to
1 Description of debt-financed property	1	allocable to debt-financed			ced property	
	İ	property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						
(2)					M H H H H	
(3)	1		нн нн	**		•
(4)						
4. Amount of average 5 Average adjust acquisition debt on or of or allocable allocable to debt-financed debt-financed p	e to roperty	6 Column 4 divided by column 5		income reportable n 2 x column 6)	8 Allocable de (column 6 x total 3(a) and 3	of columns
property (attach schedule) (attach sched	ule) .					
(1)		<u>%</u>				
(2)		<u></u>				
(3)	-					******
(4)		%				
				e and on page 1, e 7, column (A)	Enter here and o Part I, line 7, co	
Totals						

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Schedule F-Interest, Ann	uities, Royalties	s, and Rents Fr	om Controlled O	rganizati	ons (see	instructions)	
		Exempt Co	ontrolled Organizati	ons			
1 Name of controlled	2 Employer	ļ "			5. Part of	column 4 that is	6 Deductions directly
organization	identification numb	ei	i i	of specified	1	in the controlling	connected with income
		(loss) (see	instructions) payme	ents made	organizati	on's gross income	
(1)							
(2)							-
(3)						<u></u>	
(4)					 		
Nonexempt Controlled Organi	zations	······································			1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	8 Net unrelated in	ncome 9	Total of specified		t of column		11 Deductions directly
7 Taxable Income	(loss) (see instruc	1	payments made		ed in the cor ation's gross		onnected with income in column 10
(1)				-			
(2)							
(3)				-			
(4)			***************************************				
<u> </u>	vanimin n			Add	columns 5 ar	nd 10	Add columns 6 and 11
					nere and on p	page 1, Ei	nter here and on page 1,
				Pan I,	line 8, colun	nn (A) P	art I, line 8, column (B)
Totals			•				
Schedule G-Investment Ir	ncome of a Sec	tion 501(c)(7).	(9), or (17) Orga	nization	(see insti	ructions)	
	1	1	3. Deductions			-asides	5 Total deductions
1 Description of income	2 Amount of	ıncome	directly connected (attach schedule)			schedule)	and set-asides (col. 3 plus col. 4)
(1)]						
(2)		İ		İ			-
(3)			 				
(4)							
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Enter here and				•••		Enter here and on page 1,
	Part I, line 9, co	olumn (A)					Part I, line 9, column (B)
Totals ▶		İ					
Schedule I – Exploited Exe	empt Activity Inc	come. Other Th	an Advertising Ir	come (s	ee instruc	ctions)	
			T	<u> </u>		<u> </u>	·
	2 Gross	3 Expenses directly	4 Net income (loss) from unrelated trade	5 Gross	s income		7 Excess exempt expenses
1 Description of exploited activity	unrelated business income	connected with	or business (column 2 minus column 3)	from act	ivity that	6 Expenses attributable to	(column 6 minus
. Bossiphon of exploited delivity	from trade or business	production of unrelated	If a gain, compute cols 5 through 7		nrelated s income	column 5	column 5, but not more than
	, Dusiness	business income	cois s anough r				column 4)
(1)				t 			
(2)	1	M M M		ĺ			-
(3)	19777 7 10777111111111111111111111111111	- +		j		····	
(4)	1						
<u></u>	Enter here and on	Enter here and on		[Enter here and
	page 1, Part I, fine 10, col (A)	page 1, Part I, line 10, col (B)					on page 1, Part II line 26
Totals	1	10, 00/ (2)					T dit ii iiio 20
Schedule J-Advertising In	ncome (see instri	uctions)	·!				
Part I Income From Per			idated Basis				
				Γ			
			4. Advertising	.			7 Excess readership
1 Name of periodical	2 Gross advertising	3 Direct	gain or (loss) (col 2 minus col 3) If	5 Circ	i	6 Readership	costs (column 6 minus column 5, but
·	income	advertising costs	a gain, compute	inco	ome	costs	not more than
			cols 5 through 7				column 4)
(1)	† †						
(2)							
(3)			-				
(4)			1	·			
	i			l			
Totals (carry to Part II, line (5))	-			l I	İ		
(con) to 1 art ii, iiie (c))	<u> </u>		!				Form 990-T (2018)
							1 0mm 3 3 0 - 1 (2018)

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1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 1	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			İ.			
(2)						
(3)						
(4)		- unu				
Totals from Part I	.▶					
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	-			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	.▶					`
Schedule K - Compens		irectors, and Tr	ustees (see instr	uctions)		
1 Nam		2 Title		3. Percent of time devoted to business	Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)]			%		
Total. Enter here and on page	e 1. Part II. line 14		***	>		

Form 990-T (2018)

'Women's Sports Foundation

EIN: 23-7380557 12/31/2018

Attachment to Amended 2018 990-T

Women's Sports Foundation is amending its previously filed Form 990-T for the 12/31/2018 tax year due to the repeal of Section 512(a)(7).

Summary of Changes

Line Reference	As Originally Filed	Change	As Amended
Form 990-T, Part II, Line 31			
Nct operating loss deduction	•		•
Form 990-T, Part III. Line 34			
Amounts paid for disallowed fringes	24,798	(24,798)	-
form 990, Part V, Line 54			
Overpayment		4,998	4,998