EXTENSION ATTACHED

Return of Organization Exempt From Income Tax

orm **990**

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

► Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public

Inspection

A F	or th	e 2020 calendar year, or tax year beginning ,	2020, a	and end	ling			, 20			
_		C Name of organization			_	D Employer id	entificatio	on number			
Вс	heck if ap	THE NEW YORK WOMEN'S FOUNDATION, INC.									
	Addre					13-3457	7287				
	7	Number and street (or P.O. box if mail is not delivered to street address)	R	Room/suite)	E Telephone number					
	Initial	return 39 BROADWAY		2300		(212) 51	4-699	3			
	Termi	City or town, state or province, country, and ZIP or foreign postal code	<u> </u>								
	Amen					G Gross receip	ts \$	14,866	5,600.		
	Applic	F Name and address of principal officer: ANA OLIVETRA PRE	SIDEN	IT AND	CEO	H(a) Is this a grou		or Yes	X No		
	_ poa.	39 BROADWAY SUITE 2300, NEW YORK, NY 100	006			subordinates H(b) Are all subord		ed? Yes	No		
ī	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947	7(a)(1) or		527	If "No," attac	ch a list. (se	ee instructions)			
J	Websi	te: ▶ WWW.NYWF.ORG				H(c) Group exem	ption numb	er 🕨			
K	Form o	of organization: X Corporation Trust Association Other		L Yea	r of format	ion: 1987 M	State of le	egal domicile	e: NY		
P	art I	Summary		<u>'</u>							
	1	Briefly describe the organization's mission or most significant activities: TH	HE NEW	V YORK	WOME	N'S FOUND	ATION	CREATE	IS		
ø		AN EQUITABLE AND JUST FUTURE FOR WOMEN AND FA									
anc		CULTURAL ALLIANCE THAT IGNITES ACTION (SEE CO	MPLE]	TION I	N SCH	EDULE O)					
Governance	2	Check this box ▶ if the organization discontinued its operations or d	disposed	of more	 than 25%	of its net asset	s.				
Ó	3	Number of voting members of the governing body (Part VI, line 1a)					3		27.		
حة س		Number of independent voting members of the governing body (Part VI, line					4		27.		
Activities		Total number of individuals employed in calendar year 2020 (Part V, line 2a)					5		38.		
Ξ		Total number of volunteers (estimate if necessary)					6		62.		
Ă		Total unrelated business revenue from Part VIII, column (C), line 12					7a		0		
		Net unrelated business taxable income from Form 990-T, line 34					7b		0		
						Prior Year		Current '	r ear		
ø	8	Contributions and grants (Part VIII, line 1h)			┑匚	14,474,30	5.	11,44	0,532		
nue	9	Program service revenue (Part VIII, line 2g)	COPY				0.		0		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	BLIC INS	PECTIO	<u> </u>	250,69	93.	44	6,615		
Ľ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				12,79			5,775		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)			14,737,79	5.	11,89	2,922		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				10,124,40	0.	8,20	2,470		
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0.		0		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)			4,069,22		3,97	1,078		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶1,817,				165,60)5.		0		
ă	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,817,	,716.								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				2,338,89			2,590		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				16,698,12			6,138		
	19	Revenue less expenses. Subtract line 18 from line 12				-1,960,32	17.	-2,70	3,216		
s or					Begin	ning of Current		End of Ye			
sset	20 21 22	Total assets (Part X, line 16)				30,790,79			5,742		
nd A	21	Total liabilities (Part X, line 26)			. —	3,513,80			4,950		
		Net assets or fund balances. Subtract line 21 from line 20.				27,276,98	88.	25,52	0,792		
	rt II	Signature Block									
Une	der per e, corre	nalties of perjury, I declare that I have examined this return, including accompanying et, and complete. Declaration of preparer (other than officer) is based on all information	schedule of which	es and sta n preparer	tements, a has any ki	and to the best of nowledge.	my knov	wledge and b	elief, it is		
						Ĭ					
Sig	ın	Signature of officer				Data					
He		Signature of officer				Date					
	. •	To a consist a consist of the									
		Type or print name and title		Data			DTIN	1			
Paid	ł	Print/Type preparer's name CANDAGE MERITI	Date			Check	if PTIN		1		
	parer	CANDICE METH				self-employ		130689	L		
	Only	Firm's name FISNER ADVISORY GROUP LLC	7 070			,		53108			
N 4 -	, 4h = 11	Firm's address > 733 THIRD AVENUE NEW YORK, NY 1001				Phone no.		49-8700			
						<u> </u>		X Yes	No No		
ror	rape	rwork Reduction Act Notice, see the separate instructions.						Form 99	0 (2020)		

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this f	form, visit <i>www.irs.gov/e-file-providers/e-file-f</i>	or-charities	-and-non-profits.		
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).		
-	ons required to file an income tax return othe rm 7004 to request an extension of time to f		· -	O-C filers), partnerships, REM	ICs, and trusts
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)
orint	THE NEW YORK WOMEN'S FOUNDATION			13-3457287	
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.		
iling your	39 BROADWAY SUITE #2300				
eturn. See nstructions.	City, town or post office, state, and ZIP code. For NEW YORK, NY 10006	a foreign ad	dress, see instructions.		
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1
Application		Return	Application		Return
s For		Code	Is For		Code
	Form 990-EZ	01	Form 990-T (corporat	ion)	07
Form 990-BL		02	Form 1041-A	- 1- P-14N	08
Form 4720 (,	03	Form 4720 (other tha	n individual)	09
Form 990-PF		04 05	Form 5227 Form 6069		10
	(sec. 401(a) or 408(a) trust) (trust other than above)	06	Form 8870		12
Telephone If the orga If this is foor the whole Is the with the	ANA OLIVEIRA, Piss are in the care of 39 BROADWAY SUIT No. 212 514-6993 Anization does not have an office or place of lateral and a superior and a group Return, enter the organization's for the group, check this box Enames and TINs of all members the extensions.	TE 2300 fousiness in ur digit Grof it is for pa on is for.	Fax No. ► 646 564 the United States, check the Exemption Number (art of the group, check the state).	:-5998 ck this box	. If this is
for the ► X	st an automatic 6-month extension of time uporganization named above. The extension is calendar year 20 20 or tax year beginning	for the org	ganization's return for:	to file the exempt orga, to file the exempt orga	
2 If the ta	ax year entered in line 1 is for less than 12 m hange in accounting period	onths, ched	ck reason: Initial re	eturn Final return	·
	application is for Forms 990-BL, 990-PF, 99 undable credits. See instructions.	90-1, 4720	o, or 6069, enter the	3a \$	0.
b If this	application is for Forms 990-PF, 990-T,		•	fundable credits and	
	ted tax payments made. Include any prior yea				0.
	e due. Subtract line 3b from line 3a. Include onic Federal Tax Payment System). See instru		ent with this lotti, if le	quired, by using EFTPS 3c \$	0.
	are going to make an electronic funds withdrawa		it) with this Form 8868, se		
nstructions.	- -	•	•		. ,
or Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.		Form	8868 (Rev. 1-2020)

Page 2 Form 990 (2020)

Pa		statement of Program Service			
				<u> </u>	X
1		cribe the organization's mission			
	ATTAC	HMENT 1			
2	Did the or	ganization undertake any signif	icant program services during the year	ar which were not listed on the	
					es X No
	If "Yes " de	escribe these new services on Se	chedule O	· · · · · · · · · · · · · · · · · · ·	
2			or make significant changes in h	ow it conducts any program	
3					es X No
	If "Voo." do	escribe these changes on Sched		· · · · · · · · · · · · · · · · · · ·	es 🔼 NO
				a three largest program consists on	
4				s three largest program services, as i	
				ort the amount of grants and allocation	ns to others,
	the total e.	xpenses, and revenue, it any, for	each program service reported.		
4a	(Code:) (Expenses \$11,5	including grants of \$8,	202,470.) (Revenue \$)
	THE NEW	YORK WOMEN'S FOUNDAT	ON ADVANCES ECONOMIC, GEN	DER AND	
	RACIAL	JUSTICE FOR WOMEN AND	FAMILIES BY INVESTING IN	WOMEN	
	LEADERS	BUILDING SOLUTIONS IN	THEIR COMMUNITIES. OUR B	OLD	
	INVESTM	ENT IN WOMEN AS AGENTS	OF CHANGE MULTIPLIES THE	EFFECT OF	
			STS LOCAL ECONOMIC GROWTH,		
			G COMMUNITIES. DESIGNED T		
			JITY FOR ALL, OUR INVESTME		
			YOUNG WOMEN, IMMIGRANTS,		
			MUNITY, AND GENDER NON-CON	FORMING	
	INDIVID	UALS.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	`				
_	(0. 1) (D	```
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	_				
4d	Other prod	gram services (Describe on Sche	edule O.)		
	(Expenses	· ·		\$	
46	· ·	ram service expenses ►		, /	

Form **990** (2020)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	Ė		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 1	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120		111	21	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	122	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	•		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23	X	<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ĺ
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			· v
0.7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			ĺ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
00	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	ĺ
Part		-		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 53			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
0E1030		Form	990	(2020
	E53181 L161 11/11/2021 7:42:34 PM V 20-7.6F 218419			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for 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?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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 Section A. Governing Body and Management No 2.7 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 27 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?...... 8b Х Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at 9 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ightharpoonup CT, NJ, NY,

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.

Own website | Another's website | X | Upon request | Other (explain on Schedule O)

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.

State the name, address, and telephone number of the person who possesses the organization's books and records ►
ANA OLIVEIRA, PRESIDENT/CEO 39 BROADWAY SUITE 2300 NEW YORK, NY 10006 212-514-6993

Form **990** (2020)

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than construction is both construction employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)ANA OLIVEIRA	40.00									
PRESIDENT & CEO	0.			x				334,494.	0.	24,208.
(2) CAMILLE EMEAGWALI	40.00							001,121		
SENIOR VP OF PROGRAMS	0.					X		226,669.	0.	11,007.
(3) ALEJANDRA NARANJO	40.00							,		,
VP OF DEVELOPMENT	0.					Х		182,335.	0.	30,675.
(4) MADELINE HOLDER	40.00									
VP OF DEVELOPMENT	0.					Х		186,377.	0.	23,943.
(5)LYNNA MARIA MERCADO	40.00									
VP, FINANCE & ADMIN	0.			Х				170,837.	0.	32,373.
(6) KATHARINE LANDON	40.00									
VP, PROGRAMS & INSTITUTIONAL	0.					Х		167,392.	0.	30,411.
(7) ANN MARIE ALMEIDA	40.00									
VP OF DEVELOPMENT(LEFT 9/2020)	0.					X		173,868.	0.	20,514.
(8) YVONNE MOORE	3.00									
CO-CHAIR	0.	X		Х				0.	0.	0.
(9) JEANNE MULLGRAV	3.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10) GRAINNE MCNAMARA	3.00									
CO-CHAIR	0.	X		Х				0.	0.	0.
(11) MICHELE PENZER	3.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(12) LORRAINE CORTES VAZQUEZ	3.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13) CAROLYN ROSSIP MALCOLM	3.00									
BOARD MEMBER	0.	X						0.	0.	0.
(14) MARGARET MORRISON	3.00									
BOARD MEMBER	0.	X						0.	0.	0.

Form **990** (2020)

Form 990 (2020)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average				ition			Reportable	Reportable		stimated	
	hours per	,				e than o is both		compensation	compensation from		nount of other	ŕ
	week (list any hours for					or/trust		from the	related organizations		pensati	on
	related	or a	sul	Qf	Key	Hig	For	organization	(W-2/1099-MISC)		om the	
	organizations	ividu	titut	Officer	em /	hes	Former	(W-2/1099-MISC)	,	-	anizatio	
	below dotted line)	tor t	iona		employee	ee t co					d related anization	
		Individual trustee or director	l ta		/ee	npe				3-		
		ee	Institutional trustee			Highest compensated employee						
						fed						
15) PRISCILLA PAINTON	3.00											
BOARD MEMBER	0.	X						0	0.			0
16) MARY BAGLIVO	3.00											
BOARD MEMBER	0.	X						0	0.			0
17) MERBLE REAGON	3.00											
BOARD MEMBER	0.	X						0	0.			0
18) HYATT BASS	3.00											
BOARD MEMBER	0.	X						0	0.			0
19) HELENE BANKS	3.00											
TREASURER	0.	X		Х				0	. 0.			0
20) KAREN CHOI	3.00											
BOARD MEMBER	0.	X						0	. 0.			0
21) MARY CARACAPPA	3.00											
BOARD MEMBER	0.	X						0	0.			0
22) EILEEN KELLY	3.00											
BOARD MEMBER	0.	X						0	0.			0
23) ELIZABETH WANG	3.00											
BOARD MEMBER	0.	X						0	0.			0
24) ELIZABETH DE LEON BHARGAVA	3.00											
BOARD MEMBER	0.	X						0	0.			0
25) ANNE DELANEY	3.00											
BOARD MEMBER	0.	Х						0	0.			0
1b Sub-total							▶	1,441,972.	0.	1	173,2	131.
c Total from continuation sheets to Part VII,	Section A						>	0.	0.			0.
d Total (add lines 1b and 1c)							\blacktriangleright	1,441,972.	0.	1	173,2	131.
2 Total number of individuals (including but no	ot limited to t	hose	liste				o re	eceived more than	\$100,000 of			
reportable compensation from the organizat	ion 🕨	12	2									
											Yes	No
3 Did the organization list any former of												
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ina	lividu	ual						3		X
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	sation	n a	nd other compens	sation from the			
organization and related organizations of	greater than	\$15	50,0	00?	. If	"Yes	5, "	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive of												
for services rendered to the organization? If	"Yes," comple	te Scl	hedu	ıle J	l for	such	per	rson		5		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
ATTACHMENT 2		

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 ▶ 4

(A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted	box,	unles	Pos heck ss pe	ition more	e than o is both or/trusto employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
	line)	trustee	al trustee		уее	Highest compensated employee				organizations
26) MIGNON ESPY EDWARDS	3.00									
BOARD MEMBER	0.	Х						0	0.	
27) TILOMA JAYASINGHE	3.00									
BOARD MEMBER	0.	Х						0	0.	
8) DANIELLE MOSS	3.00									
BOARD MEMBER	0.	Х						0	0.	
9) AYO ROACH	3.00									
BOARD MEMBER	0.	Х						0	0.	
0) LOLA WEST	3.00									
BOARD MEMBER	0.	Х						0	0.	
1) NOORAIN KHAN	3.00									
BOARD MEMBER	0.	Х						0	0.	
2) HAYDEE MORALES	3.00									
BOARD MEMBER	0.	Х						0	0.	
3) MARGARITA ROSA	3.00									
SECRETARY	0.	Х		Х				0	0.	
4) TOMASITA LUZ SHERER	3.00									
BOARD MEMBER	0.	Х						0	0.	
5) FRAN BARRETT	3.00									
BOARD MEMBER (LEFT 7/14/2020)	0.	Х						0	0.	
1b Sub-total								0.	0.	(
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				 	 	>			
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	lf.	"Yes	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	from	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										

year.

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

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

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to any	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ع ق	C	Fundraising events 1c	501,794.				
fts, r A	d	Related organizations					
ig ig	e	Government grants (contributions) 1e					
ns, Sir	f	All other contributions, gifts, grants,					
ıtio er (-	and similar amounts not included above . 1f	10,938,738.				
t pr	g	Noncash contributions included in	20,200,1001				
d C	9	lines 1a-1f 1g	\$ 342,054.				
a a	h	Total. Add lines 1a-1f		11,440,532.			
	- ''	Total Act mice in the property of the property	Business Code	, .,			
e	20						
Program Service Revenue	2a						
Se	b						
am Ve	C						
gra Re	d						
20	e						
_	f g	All other program service revenue Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,					
	3	·		211,004.			211,004.
	4	other similar amounts)		0.			211,001.
	4 5	Royalties	•	0.			
		(i) Real	(ii) Personal	0.			
	٠-		(4) 1 51551131				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b	+				
	C	Rental income or (loss) 6c		0.			
	d	Net rental income or (loss)	(ii) Other	0.			
	7a		(ii) Other				
		sales of assets other than inventory 7a 3,209,289					
4		outer unan inventory ru	1				
evenue	b	Less: cost or other basis and sales expenses 7h 2,973,678.					
Vel		and calco expended 1.1.	 				
~		Gain or (loss)		235,611.			235,611.
Other	d	Net gain or (loss)		233,011.			233,011.
o t	8a	Gross income from fundraising					
		events (not including \$501,794.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising events	<u> ▶ </u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses9b	0.	-			
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances					
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory.		0.			
sno			Business Code	5 75-	5 55-		
ue Iue	11a	ADMINISTRATIVE FEE	900099	5,775.	5,775.		
llaı /en	b						
Miscellaneous Revenue	С						
ĭĕ_	d	All other revenue					
	e	Total. Add lines 11a-11d		5,775.			
_	12	Total revenue. See instructions	<u> ▶ </u>	11,892,922.	5,775.		446,615.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a resp	onse or note to any line	in this Part IX	<u> </u>	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	8,202,470.	8,202,470.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	561,912.	267,414.	147,052.	147,446.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,670,795.	1,217,705.	629,497.	823,593.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	165,065.	69,795.	34,898.	60,372.
9 Other employee benefits	347,710.	139,084.	69,542.	139,084.
10 Payroll taxes	225,596.	90,239.	45,119.	90,238.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	36,551.		36,551.	
c Accounting	54,454.		54,454.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	47,578.		47,578.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	1,600,313.	1,216,139.	45,235.	338,939.
12 Advertising and promotion	7,050.	6,850.	200.	
13 Office expenses	73,673.	19,700.	25,058.	28,915.
14 Information technology	51,710.	14,283.	10,604.	26,823.
15 Royalties	0.			
16 Occupancy	320,340.	142,232.	74,208.	103,900.
17 Travel	70,383.	56,270.	6,561.	7,552.
18 Payments of travel or entertainment expenses	_			
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.	17 100	0.060	11 011
22 Depreciation, depletion, and amortization	37,369.	17,190.	8,968.	11,211.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	2 006		2.006	
aREPAIRS AND MAINTENANCE	2,996.	42 770	2,996.	0.016
bDUES AND SUBSCRIPTIONS	55,907.	43,772.	2,319.	9,816.
cMISCELLANEOUS EXPENSE	50,083.	11,126.	13,385.	25,572.
d EQUIPMENT RENTAL	14,183.	6,524.	3,404.	4,255.
e All other expenses	14,596,138.	11 520 702	1 257 620	1 017 716
Total functional expenses. Add lines 1 through 24eJoint costs. Complete this line only if the	14,390,138.	11,520,793.	1,257,629.	1,817,716.
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here 🕨 🔲 if				
following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,758,369.	1	8,151,458.
	2	Savings and temporary cash investments	2,490,837.	2	2,360,466.
	3	Pledges and grants receivable, net	9,962,429.	3	7,487,309.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ß	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	76,754.	9	47,776.
	-	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 391,833.			
	b	Less: accumulated depreciation	99,044.	10c	61,675.
	11	Investments - publicly traded securities	9,490,037.	11	10,127,808.
	12	Investments - other securities. See Part IV, line 11	817,742.	12	750,076.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,095,583.	15	1,069,174.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	30,790,795.	16	30,055,742.
_	17	Accounts payable and accrued expenses	533,842.	17	448,276.
	18	Grants payable	2,878,000.	18	3,463,920.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
'n	22	Loans and other payables to any current or former officer, director,	<u> </u>	21	J.
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iii		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	556,252.
	25	Other liabilities (including federal income tax, payables to related third		27	3337,2323
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	101,965.	25	66,502.
	26	Total liabilities. Add lines 17 through 25	3,513,807.	26	4,534,950.
	20	Organizations that follow FASB ASC 958, check here ► X	7,120,111	20	=,00=,000
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	17,377,597.	27	17,112,072.
Fund Balances	28	Net assets with donor restrictions.	9,899,391.	28	8,408,720.
pu		Organizations that do not follow FASB ASC 958, check here ▶	.,,		
Ţ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
χA	32	Total net assets or fund balances	27,276,988.	32	25,520,792.
Net	33	Total liabilities and net assets/fund balances	30,790,795.	33	30,055,742.
		. State maximum direct description and model [] [] [] [] [] [] [] [] [] [,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ 55	Form 990 (2020)

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,8	92,9	22.
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,5		
3	Revenue less expenses. Subtract line 2 from line 1	3		-2,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		27,2		
5	Net unrealized gains (losses) on investments	5		9	72,8	304.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	25,7	784.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		25,5	20,7	792.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	in in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			3.7	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			37
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			_		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	S.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
_		section 170(b)(1)(A)(iv). (C						
6	7.7	A federal, state, or local go	_					
7	X	An organization that norma	•	•	pport fr	om a go	vernmental unit or fro	om the general public
•		described in section 170(b)		-	D (II)			
8		A community trust describe						land mark callens
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	r the college or
40		university:	II	th 22 / - 0/ - f it-		f		in face and among
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt frent income and u	unctions, subject to conrelated business tax	ertain ex able inco	ceptions ome (les	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	ction 509(a)(4).	
12		An organization organized	•	•				• • •
		of one or more publicly su	· ·					
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organi	zation and complete li	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority o	f the directors or truste	es of the
		supporting organization. \	-					
b	L	Type II. A supporting org	-					
		control or management of control or management of control or management of control or co		=	the sam	e persor	ns that control or man	age the supported
С		Type III functionally integ			ited in c	onnectio	n with, and functional	lly integrated with.
		its supported organization						,,
d		Type III non-functionally		•				ted organization(s)
		that is not functionally into			-			= ::
		requirement (see instruct	-	= -	-		•	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS t	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organiza	tion.	
f	Er	nter the number of supported	l organizations					
g	Pı	ovide the following information	on about the suppo	orted organization(s).				
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	,	ur governing ment?	support (see instructions)	other support (see instructions)
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	,	,
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

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

Schedule A (Form 990 or 990-EZ) 2020

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

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,897,892.	20,383,875.	21,539,452.	14,474,305.	11,440,532.	73,736,056.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	5,897,892.	20,383,875.	21,539,452.	14,474,305.	11,440,532.	73,736,056.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
_	shown on line 11, column (f)						50,556,100.	
6	Public support. Subtract line 5 from line 4						23,179,956.	
	tion B. Total Support	4 > 0040	# \ 004=	4 > 00 40	(1) 2010			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,897,892. 217,348.	20,383,875.	21,539,452. 156,803.	14,474,305. 186,214.	11,440,532. 211,004.	73,736,056.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-79,936.	0.	-79,936.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	38,296.	12,209.	22,260.	12,797.	5,775.	91,337.	
11	Total support. Add lines 7 through 10						74,737,507.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First 5 years. If the Form 990 is for organization, check this box and stop here							
Sec	tion C. Computation of Public Sup		•				21 00	
14	Public support percentage for 2020 (li		-			14	31.02%	
15	Public support percentage from 2019					15	28.20%	
16a	331/3% support test - 2020. If the or							
	box and stop here. The organization q							
D	331/3% support test - 2019. If the organization							
170	this box and stop here . The organization 10%-facts-and-circumstances test - 2	•		_				
114	10% or more, and if the organization							
	Part VI how the organization meets					-	•	
	organization			•	•		. 37	
h	10%-facts-and-circumstances test - 2							
	15 is 10% or more, and if the organization	•						
	in Part VI how the organization meets					-	-	
	organization			•	•	•		
18	Private foundation. If the organization							
	instructions							

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

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.)

Sec	tion A. Public Support				•	,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(=) 2046	(h) 2017	(-) 2010	(4) 2010	(=) 2020	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	ŭ	· ·		•		```
	organization, check this box and stop here					<u> </u>	▶ 🔃
	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investment					T 1	
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization d	id not check a	a box on line 14	4, 19a, or 19b,	check this box	and see instruc	ctions -

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Page 5 Schedule A (Form 990 or 990-EZ) 2020

 Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 	11a 11b	Yes	
 a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 	11a 11b	res	NI-
 a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 	11b		No
 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 	11b		
 b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.			
detail in Part VI.	١ ١		
	11c		
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations			
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations			
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have			
a significant voice in the organization's investment policies and in directing the use of the organization's			
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
supported organizations played in this regard.	3		
Section E. Type III Functionally Integrated Supporting Organizations			
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons).	
The organization satisfied the Activities Test. Complete line 2 below.			
 b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see 	o instr	uctions	2)
The organization supported a governmental entity. Describe in Fait vi now you supported a governmental entity (se		Yes	
2 Activities Test. Answer lines 2a and 2b below.		103	110
2 Activities Test. <i>Answer lines 2a and 2b below.</i>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	2a		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, 	2a		
 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 	2a		
 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 	2a 2b		
 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 			
 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 	2b		
 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. 			

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

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.				
Se	Section A - Adjusted Net Income (A) Prior Year							
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						
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e						
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ection C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
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	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization				
-	(see instructions).							

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7**

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	zations	3				
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	Section E - Distribution Allocations (see instructions) (i) Excess Distributions Pre-2020			ıs	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

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.)

FORM 990, SCHEDULE A, PART II, SECTION, LINE 17A THE NEW YORK WOMEN FOUNDATION (THE "FOUNDATION") QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION BECAUSE IT MEETS THE TEN PERCENT PLUS FACTS AND CIRCUMSTANCES TEST UNDER TREAS. REG. 1.170A-9(F)(3) IN THE FOLLOWING RESPECTS: 1. TEN PERCENT OF SUPPORT LIMITATION: THE FOUNDATION'S PUBLIC SUPPORT FRACTION IS MORE THAN 100% OF THE TEN PERCENT THRESHOLD. THE FOUNDATION NORMALLY MEETS THE PUBLIC SUPPORT TEST WHEN THE CURRENT YEAR AND THE FOUR PROCEEDING TAX YEARS ARE IN CONSIDERED IN AGGREGATE. 2. ATTRACTION OF PUBLIC SUPPORT: THE FOUNDATION IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS. ITS BOARD OF DIRECTORS IS ACTIVELY INVOLVED IN SEEKING FINANCIAL SUPPORT FROM DIVERSE SOURCES ON AN ONGOING BASIS AND AFTER 2019 (THE INITIAL YEAR PUBLIC SUPPORT PERCENTAGE CALCULATED BELOW THE 33 1/3% THRESHOLD). 3. SOURCES OF SUPPORT: THE FOUNDATION IS SUPPORTED BY A DIVERSE GROUP OF DONORS. DURING AND AFTER 2019, IT CONTINUES TO RECEIVE GRANTS AND CONTRIBUTIONS FROM FOUNDATIONS, CORPORATIONS, AND INDIVIDUAL DONORS. THE FOUNDATION'S PROGRAMS AND ACTIVITIES HAVE BROAD APPEAL TO MEMBERS OF THE PUBLIC THAT SHARE AN INTEREST IN ITS MANY DIFFERENT AREAS OF FOCUS. CURRENT PROGRAMS SEEK TO PROVIDE THE FOUNDATION WITH THE RESOURCES NECESSARY TO SUPPORT VARIOUS ACTIVITIES SO THAT IT MAY SHARE ITS WORK WITH OTHERS NATIONALLY TO HAVE ACCESS TO NEEDED INFORMATION THROUGH TECHNOLOGY. THE FOUNDATION IS GOVERNED BY A TWENTY SEVEN MEMBER BOARD OF DIRECTORS. THE MEMBERS OF ITS BOARD HAVE BACKGROUNDS THAT INCLUDE PROFESSIONALS IN PHILANTHROPY, CIVIL SOCIETY, COMMUNITY LEADERS AND OTHER PERSONS WITH EXPERTISE IN DIFFERENT DISCIPLINES WHO SHARE A DEEP AND ABIDING COMMITMENT TO THE

ATTACHMENT 1

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

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

ORGANIZATION'S MISSION AND PROGRAMS. BOARD MEMBERS INCLUDE COMMUNITY LEADERS, CIVIL SOCIETY LEADERS, AND PHILANTHROPISTS WHO BRING TO ITS BOARD A BROAD CROSS-SECTION OF THE VIEWS AND INTERESTS OF THE COMMUNITIES THAT THE FOUNDATION SERVES. 5. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES: THE FOUNDATION SUPPORTS EXTENSIVE AND ON-GOING PROGRAMS AND ACTIVITIES THAT ARE DESIGNED TO INFORM THE PUBLIC. THE FOUNDATION CONTINUES TO FOCUS ON PROGRAMS THAT SUPPORT ITS MISSION AND VARIOUS ACTIVITIES AND INITIATIVES.

SCHEDULE	Δ.	PART	ΤT	_	OTHER	TNCOME

SCHEDULE A, PART II -	OTHER INCOME					
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
ADMINSTRATIVE FEE AND MISC INC	38,296.	12,209.	22,260.	12,797.	5,775.	91,337.
TOTALS	38,296.	12,209.	22,260.	12,797.	5,775.	91,337.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2020

Employer identification number

THE NEW YORK WOMEN'S	FOUNDATION, INC.	13-3457287						
Organization type (check one)	:							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	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	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private founda	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation						
instructions. General Rule X For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contribute property) from any one contributor. Complete Parts I and II. See instruction	utions totaling \$5,000						
contributor's total co	ontributions.							
For an organization regulations under set 13, 16a, or 16b, and \$5,000; or (2) 2% o	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 If that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Condescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that it	or 990-EZ), Part II, line s of the greater of (1) Complete Parts I and II.						
contributor, during t literary, or education	he year, total contributions of more than \$1,000 exclusively for religious, clean purposes, or for the prevention of cruelty to children or animals. Completinstead of the contributor name and address), II, and III.	naritable, scientific,						
contributor, during the contributions totaled during the year for a General Rule applie:	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contribution in exclusively religious, charitable, etc., purpose. Don't complete any of the set to this organization because it received nonexclusively religious, charitable here during the year	ut no such s that were received parts unless the e, etc., contributions						
Caution: An organization that	isn't covered by the General Rule and/or the Special Rules doesn't file Sch	edule B (Form 990,						

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

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

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

art I	Contributors (see inst	ructions). Use duplicate	e copies of Part I if add	ditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$1,200,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$1,033,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$1,000,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$1,000,000.	Person Payroll Noncash (Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
	l		(d)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

			13-3457287
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Person

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Χ

(d)

Type of contribution

Χ

11

(a)

No.

12

N/A

N/A

(b)

Name, address, and ZIP + 4

(c)

Total contributions

\$

200,000.

			13-345/26/
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$90,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$85,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	N/A	\$60,963.	Person Payroll Noncash (Complete Part II for noncash contributions.)

			13-345/26/
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

			13-345/26/
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

			13-345/26/
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	N/A	\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	N/A	\$33,082.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$31,539.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A	\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	N/A	\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

THE NEW YORK WOMEN'S FOUNDATION, INC. Name of organization

Employer identification number

			13-345/26/	
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	
49	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
50_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
51	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
52_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

(d)

Type of contribution

Person Payroll

Noncash (Complete Part II for

Χ

(a)

No.

53

N/A

(b)

Name, address, and ZIP + 4

(c)

Total contributions

25,000.

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	
55	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
56	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
57	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
58	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
59	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
60	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

			13-345/26/
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I (a)	Contributors (see instructions). Use duplicate cop (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	N/A	\$\$	Person Payroll Noncash (Complete Part II for

			13-345/26/
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors	(see instructions).	Use duplicate cop	ies of Part I if additiona	al space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$10,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	N/A	\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	N/A	\$10,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
82_	Name, address, and ZIP + 4		
		Total contributions	Person X Payroll Noncash (Complete Part II for
82 (a)	N/A	\$10,363.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	N/A (b) Name, address, and ZIP + 4	\$10,363.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions).	Use duplicate copies of Part I i	f additional space is needed.
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		I	I
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

			13-345/26/
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

art I	Contributors ((see instructions).	Use duplicate co	pies of Part I if a	dditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97_	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99_	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(2)	(b)	(-)	4.0
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 100	Name, address, and ZIP + 4	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 100 (a) No.	Name, address, and ZIP + 4 N/A (b) Name, address, and ZIP + 4	\$10,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
103	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_104	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
105_	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
106	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
107	N/A	\$9,254.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
108	N/A	\$8,591.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors	(see instructions).	Use duplicate cop	ies of Part I if additiona	al space is needed.
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(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
109	N/A	\$8,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
110	N/A	\$8,025.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
111_	N/A	\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
112	N/A	\$7,916.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
113	N/A	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_114	N/A	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of Pa	art I if additional space is ne	eded.
(2)	(b)		(c)	

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
115_	N/A	\$7,295.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
116	N/A	\$7,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d)	
No.	Name, address, and ZIP + 4		Type of contribution	
117	N/A	\$7,170.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d)	
No.	Name, address, and ZIP + 4		Type of contribution	
118	N/A	\$6,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
119	N/A	\$6,126.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
120	N/A	\$5,600.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121_	N/A	\$5,450.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122	N/A	\$5,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	N/A	\$5,213.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	N/A	\$5,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_131	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			13-345/287
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_133	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_134	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_135	N/A	\$\$	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_136	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_137	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_138	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Part I	Contributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	N/A	\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140	N/A	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_141	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143	N/A	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144	N/A	\$\$5,000.	Person Payroll Noncash (Complete Part II for

Name of organization THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number 13-3457287

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
26	DONOATED STOCKS			
		\$_	35,995.	07/07/2020
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
9	DONATED SOTCKS			
		\$_	50,080.	09/10/2020
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
38	DONATED STOCKS			
		\$_	51,389.	11/20/2020
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization THE NEW YORK WOMEN'S FOUNDATION, INC. Employer identification number 13-3457287 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

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

► Attach to Form 990.

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

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

Department of the Treasury Internal Revenue Service Name of the organization

THE	E NEW YORK WOMEN'S FOUNDATION, INC.	13-3457287
Pa	organizations Maintaining Donor Advised Funds or Other Similar Fundamental Control of the Contro	nds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	s hold in donor advised
J	funds are the organization's property, subject to the organization's exclusive legal conti	
6	Did the organization inform all grantees, donors, and donor advisors in writing that g	
6		
	only for charitable purposes and not for the benefit of the donor or donor advisor, o	
Do	conferring impermissible private benefit?	Yes No
Pa	Conservation Easements.	7
_	Complete if the organization answered "Yes" on Form 990, Part IV, line	<i>1</i> .
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		vation of a historically important land area
		vation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not c	on a
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or	r terminated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, in	nspection, handling of
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enf	
	>	3 · · · 3 · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfor	cing conservation easements during the year
-	S	omig concertation cacomonic auting the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	
۵	In Part XIII, describe how the organization reports conservation easements in its rever	nue and expense statement and
3	balance sheet, and include, if applicable, the text of the footnote to the organization's	
	organization's accounting for conservation easements.	Than old statements that accompce the
Pa	Int III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line	
4.	· • • • • • • • • • • • • • • • • • • •	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its rof art, historical treasures, or other similar assets held for public exhibition, educ	eation, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that desc	ribes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its reve	
	art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public service,
	provide the following amounts relating to these items:	N . 4
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other si	
	following amounts required to be reported under FASB ASC 958 relating to these item	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·
<u>b</u>	Assets included in Form 990, Part X	

Dэ	rt III Organizations Maintaini	na Collections of	Art Histori	ical Tre	asures	or Other	Similar Assets	continu		age Z
3	Using the organization's acquisition	_ 								of its
•	collection items (check all that app		other record	o, oncon	ally of t	ile iollow	ing that make sig	imoant	u30 0	1 113
а	Public exhibition	ıy <i>)</i> .	d \square	Loano	r evchan	ge prograr	m			
b	Scholarly research		e —	Other	n excitati	ge prograi	11			
C	Preservation for future gene	rations	•	Other .						
4	Provide a description of the organ		and evolui	n how t	hay furth	or the or	ranization's avemr	ot nurno	a in	Part
7	XIII.	iization's collections	and explain	II IIOW U	ney ruitii	ei tile oit	gariization 3 exemp	or purpo.	56 111	ıaıı
5	During the year, did the organization	on solicit or receive d	lonations of	art histo	rical trea	eurae ar	other similar			
•	assets to be sold to raise funds rath							Yes		No
Dэ	rt IV Escrow and Custodial A		airieu as pari	or the c	nganizati	on a conec	,tion:	163		140
ıa	Complete if the organiza		s" on Form	990 P	art IV lir	ne 9 or re	enorted an amou	int on Fo	orm	
	990, Part X, line 21.	mon anowered Te	.5 0111 0111	1 000, 1	art iv, iii	10 0, 01 10		init On i	,,,,,	
1a	Is the organization an agent, trus	tee, custodian or of	ther interme	diary fo	r contrib	utions or	other assets not			
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the follo	wing tab	ıle:]
-				······································			Amoun	t		
С	Beginning balance				1	c	7			
	Additions during the year									
e	Distributions during the year									
f	Ending balance				_					
	Did the organization include an am						account liability?	Yes		No
	If "Yes," explain the arrangement i						-			1
	rt V Endowment Funds.	THE GITT AND CHOOK THE	510 II 1110 0Ap	, anaton	1100 50011	provided	5111 G117 (III] [] [-	
	Complete if the organiza	ation answered "Ye	s" on Form	990. P	art IV. lir	ne 10.				
	2 cm prose in and enganise	(a) Current year	(b) Prior		(c) Two y		(d) Three years back	(e) Fou	vears	back
4.	Decimina of year holones	9,634,416.	8,393			7,065.	8,722,395.			445.
	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,	,	- ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,122,000	1 ,	,	
	Contributions									
С	Net investment earnings, gains,	1,294,825.	1,698	.795.	-53	88,476.	1,123,917.		578.	987.
	and losses	463,674.		,139.		4,829.	459,247.			037.
	Grants or scholarships	103 / 0 / 11	130	7137.		, 1,025.	135 / 2 1 / .		1337	
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses	10,465,567.	9,634	416	δ 30	3,760.	9,387,065.	Q	722	395.
g	End of year balance	L						0,	, 22,	
2	Provide the estimated percentage Board designated or quasi-endown	of the current year e	end balance	(line 1g,	column (a	a)) held as				
a	Permanent endowment ▶ 17.2		_ /0							
b	Term endowment ► 12.1700									
C	The percentages on lines 2a, 2b, a	•	1000/							
22	Are there endowment funds not in			on that	are hold a	and admir	istored for the			
Ja	organization by:	the possession of th	ie organizati	on mat e	are rielu d	and admi	iistered for the	[Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
								3a(ii)		X
h	(ii) Related organizations If "Yes" on line 3a(ii), are the relate							3b		
4	Describe in Part XIII the intended u	· ·	•					35		
	rt VI Land, Buildings, and Equ		tion's endow	ment iui	ius.					
га	Complete if the organize	ation answered "Ye	es" on Forn	n 990, F	Part IV, li	ne 11a. S	See Form 990, P	art X, Iir	e 10	
	Description of property	(a) Cost or			r other basis			d) Book va	lue	
1 2	Land	(invest	unent)	10)	ther)	uepr	eciation			
ı d L										
b	Buildings Leasehold improvements			1	80,889	1	20,835.		60,0	154
ن اہ					10,944		09,323.			521.
u ^	Equipment				<u> </u>		0,,525.		±, C	
	Other I. Add lines 1a through 1e. (Column		n 990 Part X	Column	(R) line	10c.)	•		61,6	75.

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	0. 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 valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
` '	held equity interests			
. ,				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answered	y "Yes" on Form 990	0, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		otion of liability		(b) Book value
	ral income taxes	otion of hability		(b) Book value
	RRED RENT LIABILITY			66,502.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		.	66,502.
	or uncertain tax positions. In Part XIII, provide 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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 4

	C by this source of December 1 and Electrical Contracts With December 1	_	1 age 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
			12 002 750
1	Total revenue, gains, and other support per audited financial statements	1	12,892,750.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		1 047 406
е	Add lines 2a through 2d	2e	1,047,406.
3	Subtract line 2e from line 1	3	11,845,344.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4 -	47,578.
C	Add lines 4a and 4b	4c 5	11,892,922.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		11,002,022.
I alt	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	· · · · · · · · · · · · · · · · · · ·	1	14,648,946.
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 25,800.		
a	Donated Services and use of identities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
b	The year adjustments 111111111111111111111111111111111111		
C	T4 506		
d	Other (Describe in Fait Alli.)	2e	100,386.
e	Add lines 2a through 2d	3	14,548,560.
3	Subtract line 2e from line 1	-	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7h 47,578.		
a	investment expenses not included on Form 590, Fart VIII, line Fb		
b	Other (Describe in Far Ain.)	4c	47,578.
С 5	Add lines 4a and 4b	5	14,596,138.
	XIII Supplemental Information.		· · ·
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

USE OF ENDOWMENT FUNDS: THE FOUNDATION'S ENDOWMENT CONSISTS OF FIVE

INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, CONSISTING OF

BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD

OF DIRECTORS TO FUNCTION AS ENDOWMENT.

FORM 990, SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE FOUNDATION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES THAT ASC TOPIC 740 HAS NOT HAD AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS.

FORM 990, SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF BENEFICIAL INTEREST IN A CHARITABLE LEAD ANNUITY TRUST

FORM 990, SCHEDULE D, PART XII, LINE 2D

LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$74,586 IS INCLUDED IN EXPENSES PER THE AUDITED FINANCIAL STATEMENTS, BUT INCLUDED AS A RECONCILING ITEM TO NET ASSETS PER RETURN.

OF \$48,802

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization						Employer identification	on number
THE NEW YORK WOM						13-3457287	
	g Activities. Compl EZ filers are not red				Yes" on Form 99	90, Part IV, line 1	7.
1 Indicate whether	the organization rais	ed funds through a	any of the	following	activities. Check a	all that apply.	
a Mail solicitat	ions	е	Solic	itation of r	non-government g	_j rants	
b Internet and	email solicitations	f	Solic	itation of	government grants	S	
c Phone solicit	tations	g			ising events		
d In-person so	licitations	J	•		J		
b If "Yes," list the 1	ion have a written or s listed in Form 990, I 0 highest paid indiv east \$5,000 by the o	Part VII) or entity iduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addre or entity (fur		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3 List all states in registration or lice	which the organizati ensing.	on is registered o	or licensed	I to solicit	contributions or	has been notified	it is exempt from

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

Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts great the second sec	aising event contribut			
			(a) Event #1	(b) Event #2 GALA	(c) Other events	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	430,519.	41,250.	30,025.	501,794
Ř	2	Less: Contributions Gross income (line 1 minus line 2)	430,519.	41,250.	30,025.	501,794
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
Pa	11		ne 10 from line 3, colu anization answered "	ımn (d)	<u> </u>	reported more than
		\$15,000 on Form 990-EZ, lin	ne 6a.	(h) Dull toba (instant		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
<u></u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 8	ı	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	. Yes No
10a		Were any of the organization's gaming	g licenses revoked, sus	pended, or terminated du	uring the tax year?	Yes No

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?	Sched	ulle G (Form 990 or 990-EZ) 2020 Page 3
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?	11	Does the organization conduct gaming activities with nonmembers? Yes No
formed to administer charitable gaming?	12	
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13b 9/ 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization or services gaming incomes and the organization part of gaming manager organization or organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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? 18 Defect 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 ▶ \$ 19 Part IV Supplemental Inform		
a The organization's facility b An outside facility 13a	13	
b An outside facility		, g g g ,
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? ▶ 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? ▶ 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		
records: Name ▶ Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,
Address ▶	•	, , , , , , , , , , , , , , , , , , , ,
Address ▶		
Address ▶		Name ►
15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Address ▶
revenue?		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶	15 a	
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		
C If "Yes," enter name and address of the third party: Name ▶	b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
Address ► Address ► 16 Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		
Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	С	If "Yes," enter name and address of the third party:
Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name ►
Name ►		Address ►
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		
Gaming manager compensation ▶ \$ Description of services provided ▶	16	Gaming manager information:
Gaming manager compensation ▶ \$ Description of services provided ▶		Name ►
Director/officer		Trumo P
Director/officer		Gaming manager compensation ▶ \$
Director/officer		
Director/officer		Description of services provided ▶
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17	Mandatory distributions:
retain the state gaming license?	а	
 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 	-	
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	b	
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	-	·
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Par	
		Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
(see instructions).		(see instructions).

Schedule G (Form 990 or 990-EZ) 2020

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

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection Name of the organization Employer identification number THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287

Part I General Information on Grants and1 Does the organization maintain records to st	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the grants	s or assistance, and	
the selection criteria used to award the grant	s or assistand	e?					X Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Con	nplete if the organiza	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the		_					,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHURCHES UNITED FOR FAIR HOUSING INC.							
7 MARCUS GARVEY BLVD NEW YORK, NY 11206	26-4698161	501(C)(3)	60,000.		FMV		BROOKLYN ECONOMIC J
(2) UNITED COMMUNITY CENTERS INC.							
613 NEW LOTS AVENUE NEW YORK, NY 11207	11-1950787	501(C)(3)	60,000.		FMV		BROOKLYN ECONOMIC JU
(3) BLACK ALLIANCE FOR JUST IMMIGRATION							
1360 FULTON ST. BUILDING B SUITE 427	27-1911378	501(C)(3)	60,000.		FMV		BROOKLYN ECONOMIC JU
(4) FUND FOR THE CITY OF NEW YORK							
121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	60,000.		FMV		BROOKLYN ECONOMIC JU
(5) IN OUR BACKYARDS INC							
540 PRESIDENT STREET 3RD FLOOR	26-3283639	501(C)(3)	20,000.		FMV		BROOKLYN ECONOMIC JU
(6) AFRICAN COMMUNITIES TOGETHER							
127 WEST 127TH STREET SUITE 221	46-1689772	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(7) ALIGN: THE ALLIANCE FOR A GREATER NEW YORK							
50 BROADWAY 29TH FLOOR NEW YORK, NY 10004	20-0559291	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(8) COMMUNITY RESOURCE EXCHANGE							
42 BROADWAY 20TH FLOOR NEW YORK, NY 10004	13-3048638	501(C)(3)	67,800.		FMV		CAPACITY BUILDING
(9) FUND FOR WOMEN'S EQUALITY							
25 CENTRAL PARK WEST APT 91	47-1180199	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(10) IGNITE							
510 16TH ST. OAKLAND, CA 94612	38-3819049	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(11) JEWS FOR RACIAL AND ECONOMIC JUSTICE (JFREJ							
330 7TH AVENUE SUITE 1901	13-3694790	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(12) LATINAS ON THE VERGE OF EXCELLENCE - L.O.V.							
23-90 29 ST #2 NEW YORK, NY 11105	46-3732667	501(C)(3)	10,000.		FMV		CAPACITY BUILDING

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

Schedule I (Form 990) 2020

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

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury

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.

Inspection Internal Revenue Service Name of the organization Employer identification number THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) NEW AMERICAN LEADERS 530 7TH AVE M1 NEW YORK, NY 10018 45-3770977 501(C)(3) 7,000 CAPACITY BUILDING FMV (2) NEW YORK CITY GAY & LESBIAN ANTI-VIOLENCE P 116 NASSAU STREET 3RD FLOOR 13-3149200 501(C)(3) 7,000. FMV CAPACITY BUILDING (3) NEW YORK FOUNDATION 501(C)(3) 150 W. 30TH STREET 14TH FLOOR 13-5626345 15,000. FMV CAPACITY BUILDING (4) POWHER NEW YORK INC 370 LEXINGTON AVENUE - SUITE 908 47-3609446 501(C)(3) 10,000. FMV CAPACITY BUILDING (5) TRANSLATINA NETWORK INC. 137 W 19TH ST, 2ND FLOOR NEW YORK, NY 10011 47-4807380 501(C)(3) 10,000. FMV CAPACITY BUILDING (6) VOICES OF COMMUNITY ACTIVISTS & LEADERS-VOC 13-4094385 80A FOURTH AVENUE NEW YORK, NY 11217 501(C)(3) 7,000 FMV CAPACITY BUILDING (7) FUND FOR THE CITY OF NEW YORK 121 SIXTH AVENUE 6TH FLOOR 13-2612524 501(C)(3) 10,000. FMV CAPACITY BUILDING (8) CAUSE EFFECTIVE 505 EIGHTH AVENUE SUITE 1212 13-3083978 501(C)(3) 80,500. FMV CAPACITY BUILDING (9) JEWS FOR RACIAL AND ECONOMIC JUSTICE (JFREJ 330 7TH AVENUE SUITE 1901 501(C)(3) 130,000 FMV EARLY INVESTMENT (10) WOMEN'S JUSTICE NOW 150 WEST 28TH ST. SUITE 304 13-3083202 501(C)(3) 120,000. FMV EARLY INVESTMENT (11) CENTRAL BROOKLYN ECONOMIC DEVELOPMENT CORP. 11-2981085 70,000. 444 THOMAS S. BOYLAND STREET 3RD FLOOR - SU 501(C)(3) FMV EARLY INVESTMENT (12) FAITH IN NEW YORK 103-04 39TH AVENUE SUITE 105 80-0122559 501(C)(3) 60,000. EARLY INVESTMENT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Schedule I (Form 990) 2020

Employer identification number

THE NEW YORK WOMEN'S FOUNDATION,	INC.					13-345728	37			
Part I General Information on Grants an	d Assistanc	е				'				
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proces 	ts or assistand dures for mor	ce?	of grant funds in the	e United States.			X Yes No			
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.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) HARLEM WELLNESS CENTER INC.										
44 WEST 105TH STREET 4A NEW YORK, NY 10025	46-3877817	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(2) LAAL NYC										
5793 TYNDALL AVE NEW YORK, NY 10471	83-2947989	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(3) LIFE CAMPS INCORPORATED										
111-12 SUTPHIN BLVD NEW YORK, NY 11435	20-0814999	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(4) LIFT										
349 EAST 149TH STREET SUITE 500	52-2168409	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(5) MUSLIM COMMUNITY NETWORK										
110 WALL STREET 3RD FLOOR	75-3163555	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(6) NEW WOMEN NEW YORKERS										
601 W 26TH STREET SUITE 325 #99	47-1784843	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(7) PEER HEALTH EXCHANGE INC.										
1460 BROADWAY #3-01 NEW YORK, NY 10036	56-2374305	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(8) STATEN ISLAND COMMUNITY JOB CENTER INC										
774 PORT RICHMOND AVE 2FL	47-2787706	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(9) STREET VENDOR PROJECT OF THE URBAN JUSTICE										
40 RECTOR STREET 9TH FL NEW YORK, NY 10006	13-3442022	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(10) UPROSE INC										
462 36TH ST SUITE 3A NEW YORK, NY 11232	11-2490531	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(11) FUND FOR THE CITY OF NEW YORK										
121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
(12) FUND FOR THE CITY OF NEW YORK										
121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	60,000.		FMV		EARLY INVESTMENT			
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole						
3 Enter total number of other organizations lis	ted in the line	1 table								

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.

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization Employer identification number THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) SOCIAL GOOD FUND INC 12651 SAN PABLO AVE. #5473 46-1323531 501(C)(3) 60,000. EARLY INVESTMENT FMV (2) THE KNOWLEDGE HOUSE FELLOWSHIP INC 363 RIDER AVE 3RD FLOOR NEW YORK, NY 10451 47-2747713 501(C)(3) 60,000. FMV EARLY INVESTMENT (3) THIRD SECTOR NEW ENGLAND INC 60,000. 89 SOUTH STREET SUITE 700 BOSTON, MA 02111 04-2261109 501(C)(3) FMV EARLY INVESTMENT (4) UNIQUE PROJECT INC 75 BROAD STREET SUITE 304 13-3085289 501(C)(3) 60,000. FMV EARLY INVESTMENT (5) FUTURO MEDIA GROUP 361 WEST 125TH STREET 6TH FLOOR 27-2077349 501(C)(3) 130,000. FMV IGNITE! WITH GIRLS, (6) NEW YORK UNIVERSITY FELLOWSHIP FOR EMERGING 13-5562308 295 LAFAYETTE ST 2ND FLOOR 501(C)(3) 25,000. FMV IGNITE! WITH GIRLS, (7) ASSET FUNDERS NETWORK 2045 W GRAND AVE STE B #50387 83-1215288 501(C)(3) 50,000. FMV PARTNERSHIPS/PLACE-I (8) BOREALIS PHILANTHROPY P.O. BOX 3295 MINNEAPOLIS, MN 55403 46-4598642 501(C)(3) 65,000. FMV PARTNERSHIPS/PLACE-I (9) ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FLOOR 501(C)(3) 50,000. FMV PARTNERSHIPS/PLACE-I (10) CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR 30-0126510 501(C)(3) 30,000. FMV PARTNERSHIPS/PLACE-I (11) ALLIANCE OF FAMILIES FOR JUSTICE 82-1971330 501(C)(3) 20,000. 8 W. 126 ST. FL. 3 NEW YORK, NY 10027 RESTLIENCE-NYC FMV (12) CAAAV: ORGANIZING ASIAN COMMUNITIES 55 HESTER STREET NEW YORK, NY 10002 13-3526938 501(C)(3) 20,000. RESTLIENCE-NYC 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

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

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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Inspection Name of the organization Employer identification number THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) DAMAYAN MIGRANT WORKERS ASSOCIATION INC. 406W 40TH STREET 3RD FLOOR 03-0481206 501(C)(3) 20,000. RESILIENCE-NYC FMV (2) DOMESTIC WORKERS UNITED 1000 DEAN STREET SUITE 432 27-0441096 501(C)(3) 10,000. FMV RESILIENCE-NYC (3) GIRL VOW INC. 509 WILLIS AVE #4 NEW YORK, NY 10455 47-4062257 501(C)(3) 15,000. FMV RESTLIENCE-NYC (4) JUSTLEADERSHIPUSA 1900 LEXINGTON AVENUE NEW YORK, NY 10035 90-1019268 501(C)(3) 15,000. FMV RESILIENCE-NYC (5) MEKONG INC 2471 UNIVERSITY AVENUE NEW YORK, NY 10468 80-0834777 501(C)(3) 25,000. FMV RESILIENCE-NYC (6) MOVEMENT FOR JUSTICE IN EL BARRIO 404 FIFTH AVE. 3RD FLOOR NEW YORK, NY 10018 45-0927557 501(C)(3) 15,000. FMV RESILIENCE-NYC (7) NEW YORK STATE YOUTH LEADERSHIP COUNCIL 168 CANAL STREET FL 6 NEW YORK, NY 10013 26-3599242 501(C)(3) 20,000. FMV RESTLIENCE-NYC (8) RACE TRACK CHAPLAINCY OF AMERICA METROPOLIT 2150 HEMPSTEAD TPKE PO BOX 37191 27-0485424 501(C)(3) 10,000. FMV RESTLIENCE-NYC (9) RESPECTABILITY 11333 WOODGLEN DRIVE SUITE 102 46-2840232 501(C)(3) 10,000. FMV RESILIENCE-NYC (10) SHALOM TASK FORCE INC. 500 7TH AVE 8TH FLOOR 11-3207504 501(C)(3) 10,000. FMV RESILIENCE-NYC (11) START SMALL. THINK BIG. INC. 27-1821066 501(C)(3) 10,000. 8 W. 126TH STREET 3RD FLOOR FMV RESTLIENCE-NYC (12) VIOLENCE INTERVENTION PROGRAM PO BOX 1161 - TRI-BOROUGH STATION 13-3540337 501(C)(3) 15,000. RESTLIENCE-NYC 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

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

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

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization						Employer identificat	ion number
THE NEW YORK WOMEN'S FOUNDATION, I	INC.					13-345728	37
Part I General Information on Grants and	d Assistanc	<u></u> е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D		_					es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if		needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YOUNG WOMENS CHRISTIAN ASSOCIATION OF QUEEN							
42-07 PARSONS BLVD. NEW YORK, NY 11355	20-0351906	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(2) LGBT CENTER INTERCULTURAL COLLECTIVE INC.							
3763 83RD ST #1B NEW YORK, NY 11372	82-4397912	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(3) NEW YORK COMMUNITY TRUST							
909 THIRD AVE 22ND FLOOR NEW YORK, NY 10022	13-3062214	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(4) NEW YORK TRANSGENDER ADVOCACY GROUP							
215 W 125TH STREET SUITE 2	81-1370263	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(5) SYLVIA RIVERA LAW PROJECT INC							
147 W. 24TH STREET 5TH FLOOR	81-0640342	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(6) TRANSGENDER LEGAL DEFENSE & EDUCATION FUND							
216 AVENUE A NEW YORK, NY 10009	04-3762842	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(7) TRANSLATINA NETWORK INC.							
137 W 19TH ST 2ND FLOOR NEW YORK, NY 10011	47-4807380	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(8) ALLIANCE FOR GLOBAL JUSTICE							
225 E. 26TH ST. SUITE 1 TUCSON, AZ 85713	52-2094677	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(9) A BETTER BALANCE: THE WORK AND FAMILY LEGAL							
40 WORTH STREET 10TH FLOOR	20-3664771	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(10) A LITTLE PIECE OF LIGHT INC							
521 ST MARKS AVENUE 3B NEW YORK, NY 11238	83-1458976	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(11) ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTIC							
7107 WOODSIDE AVENUE NEW YORK, NY 11377	20-3384725	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(12) AFRICAN REFUGE INC							
185 PARK HILL AVE. SUITE LB	01-0873188	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations list	ted in the line	1 table					

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

Schedule I (Form 990) 2020

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

2020

OMB No. 1545-0047

Open to Public

13-3457287

Department of the Treasury Internal Revenue Service Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

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.

Inspection Employer identification number

Part I General Information on Grants a	nd Assistanc	е				•	
1 Does the organization maintain records to	substantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the grant	s or assistance, and	
the selection criteria used to award the gra							X Yes No
2 Describe in Part IV the organization's proc	edures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	/ernments. Con	nplete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	oe duplicated if	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALEX HOUSE PROJECT INC							
76 LORRAINE STREET NEW YORK, NY 11231	47-5488301	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(2) BLACKFEM INC.							
559 MARYLAND AVE LEXINGTON, KY 40508	47-5331017	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(3) CHINESE STAFF AND WORKERS' ASSOCIATION							
345 GRAND STREET NEW YORK, NY 10002	13-3015932	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(4) COLLEGE AND COMMUNITY FELLOWSHIP INC.							
475 RIVERSIDE DRIVE SUITE 1626	31-1720017	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(5) COMMUNITY CONNECTIONS FOR YOUTH INC.							
369 EAST 149TH STREET 7TH FLOOR	26-4482112	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(6) CORRECTIONAL ASSOCIATION OF NEW YORK							
POST OFFICE BOX 793 NEW YORK, NY 11207	13-5562324	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(7) CUSTOM COLLABORATIVE							
102 BRADHURST AVE NEW YORK, NY 10039	47-5036606	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(8) DRUM - DESIS RISING UP AND MOVING							
72-18 ROOSEVELT AVENUE 2ND FLOOR	38-3652741	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(9) FIGURE SKATING IN HARLEM INC.							
361 WEST 125TH STREET 4TH FLOOR	13-3945168	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(10) FLANBWAYAN HAITIAN LITERACY PROJECT							
208 PARKSIDE AVENUE 2ND FLOOR	27-0974276	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(11) GIRLS FOR GENDER EQUITY INC - GGE							
25 CHAPEL STREET STE 1006	04-3697166	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(12) GOOD CALL NYC CO							
7 MARCUS GARVEY BLVD OFFICE 445	82-1011857	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
2 Enter total number of section 501(c)(3) an	d government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations I	=	-					
For Paperwork Reduction Act Notice, see the Instru	ctions for Form 9	990.				Sc	hedule I (Form 990) 2020

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.

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) GOOD OLD LOWER EAST SIDE 169 AVENUE B NEW YORK, NY 10009 13-2915659 501(C)(3) 15,000. RESILIENCE-NYC FMV (2) GRACE OUTREACH 378 E. 151 STREET 5TH FLOOR 86-1110482 501(C)(3) 10,000. FMV RESILIENCE-NYC (3) GRIOT CIRCLE INC. 25 FLATBUSH AVE. 5TH FLOOR 11-3364328 501(C)(3) 15,000. FMV RESTLIENCE-NYC (4) HOLLABACK! 30 3RD AVENUE 800B ROOM 800B 27-3199988 501(C)(3) 10,000. FMV RESILIENCE-NYC (5) HUDSON LINK FOR HIGHER EDUCATION IN PRISON PO BOX 862 NEW YORK, NY 10562 13-4132348 501(C)(3) 15,000. FMV RESILIENCE-NYC (6) JACOB A. RIIS NEIGHBORHOOD SETTLEMENT 10-25 41ST AVENUE NEW YORK, NY 11101 11-1729398 501(C)(3) 15,000. FMV RESILIENCE-NYC (7) JUSTICE COMMITTEE 3440 79TH ST. APT. 3G NEW YORK, NY 11372 36-4576355 501(C)(3) 15,000. FMV RESTLIENCE-NYC (8) JUSTICE FOR FAMILIES 1913 AZALEA ST. SULPHUR, LA 70663 45-2625169 501(C)(3) 10,000. FMV RESTLIENCE-NYC (9) LATINOJUSTICE PRLDEF 475 RIVERSIDE DRIVE SUITE 1901 13-2722664 501(C)(3) 10,000. FMV RESILIENCE-NYC (10) LAUNDRY WORKERS CENTER 80 BROAD ST SUITE 613A NEW YORK, NY 10004 82-4172181 501(C)(3) 10,000. FMV RESILIENCE-NYC (11) LGBT CENTER INTERCULTURAL COLLECTIVE INC. 82-4397912 501(C)(3) 15,000. 3763 83RD ST #1B NEW YORK, NY 11372 RESTLIENCE-NYC FMV (12) MIXTECA ORGANIZATION INC 245 23 STREET 2 FL NEW YORK, NY 11215 11-3561651 501(C)(3) 10,000. RESTLIENCE-NYC 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

2020

Open to Public Inspection

Schedule I (Form 990) 2020

Employer identification number

HE NEW YORK WOMEN'S FOUNDATION, INC.							13-3457287	
Part I General Information on Grants and	d Assistanc	е				'		
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e?	of grant funds in th	e United States.			X Yes No	
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		•					es" on Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) NATIONAL MOBILIZATION AGAINST SWEATSHOPS								
345 GRAND ST. #1E NEW YORK, NY 10002	06-1540438	501(C)(3)	20,000.		FMV		RESILIENCE-NYC	
(2) NEW YORK TRANSGENDER ADVOCACY GROUP								
215 W 125TH STREET SUITE 2	81-1370263	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
(3) PRIDE CENTER OF STATEN ISLAND INC.								
25 VICTORY BLVD. 3RD FLOOR	46-3358895	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
(4) SADIE NASH LEADERSHIP PROJECT								
4 WEST 43RD STREET SUITE 502	11-3633912	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
(5) SAKHI FOR SOUTH ASIAN WOMEN								
P.O. BOX 1333 CHURCH STREET STATION	13-3593806	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
(6) SAPNA NYC (FKA) WESTCHESTER SQUARE PARTNERS								
2348 WATERBURY AVE 1ST FLOOR	26-3124969	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
(7) SOUL SISTERS LEADERSHIP COLLECTIVE INC								
1951 NW 7TH AVE #600 MIAMI, FL 33136	47-3108951	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
(8) SPARKS								
1274 49TH STREET SUITE 427	26-0794276	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
(9) STATEN ISLAND COMMUNITY JOB CENTER INC								
774 PORT RICHMOND AVE 2FL	47-2787706	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
(10) SYLVIA RIVERA LAW PROJECT INC								
147 W. 24TH STREET 5TH FLOOR	81-0640342	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
(11) THE CENTER FOR ANTI-VIOLENCE EDUCATION INC.								
327 7TH STREET 2ND FLOOR NEW YORK, NY 11215	11-2444676	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
(12) THE LADIES OF HOPE MINISTRIES INC								
2023 CAESAR PLACE NEW YORK, NY 10473	83-2249413	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	-	•						

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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2020

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Schedule I (Form 990) 2020

Employer identification number

THE NEW YORK WOMEN'S FOUNDATION,	HE NEW YORK WOMEN'S FOUNDATION, INC.							
Part I General Information on Grants an	d Assistanc	е				•		
 Does the organization maintain records to set the selection criteria used to award the grant part IV the organization's process. 	its or assistand	ce?					X Yes No	
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient to		•					es" on Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) TRINITY HEALING CENTER INC								
7304 5TH AVENUE PMB#272 NEW YORK, NY 11209	20-3235905	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
(2) VOCES LATINAS CORP.								
37-63 83RD ST. SUITE 1B NEW YORK, NY 11372	20-2312651	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
(3) WOMEN FOR AFGHAN WOMEN								
158-24 73RD AVENUE NEW YORK, NY 11366	02-0539734	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
(4) ALLIANCE FOR GLOBAL JUSTICE								
225 E. 26TH ST. SUITE 1 TUCSON, AZ 85713	52-2094677	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
(5) ASIAN AMERICAN LEGAL DEFENSE AND EDUCATION								
99 HUDSON STREET 12TH FLOOR	13-2855641	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
(6) BLACK ALLIANCE FOR JUST IMMIGRATION								
1360 FULTON ST. BUILDING B SUITE 427	27-1911378	501(C)(3)	20,000.		FMV		RESILIENCE-NYC	
(7) CENTER FOR TRANSFORMATIVE ACTION								
119 ANABEL TAYLOR HALL NEW YORK, NY 14853	16-0990318	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
(8) CENTER FOR TRANSFORMATIVE ACTION								
119 ANABEL TAYLOR HALL NEW YORK, NY 14853	16-0990318	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
(9) FRACTURED ATLAS INC.								
228 PARK AVE SOUTH #56651	11-3451703	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
(10) JUDSON MEMORIAL CHURCH								
239 W THOMPSON NEW YORK, NY 10012	13-2664489	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
(11) MAKE THE ROAD NEW YORK								
301 GROVE STREET NEW YORK, NY 11237	11-3344389	501(C)(3)	10,000.		FMV		RESILIENCE-NYC	
(12) OPERATION RESTORATION								
P.O. BOX 56894 NEW ORLEANS, LA 70156-6894	61-1791941	501(C)(3)	15,000.		FMV		RESILIENCE-NYC	
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	J	· ·						

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

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Inspection Employer identification number

 Part I General Information on Grants and Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	ıbstantiate th	e amount of the					X Yes No
Part II Grants and Other Assistance to De					nplete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient th		_					,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AFRICAN COMMUNITIES TOGETHER							
127 WEST 127TH STREET SUITE 221	46-1689772	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(2) ASSET FUNDERS NETWORK							
2045 W GRAND AVE STE B #50387	83-1215288	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(3) MAESTRA MUSIC INC.							
215 W 104TH ST #237 NEW YORK, NY 00025	83-3439518	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(4) NEW YORK URBAN LEAGUE							
204 WEST 136TH STREET NEW YORK, NY 10030	13-1671035	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(5) CENTRAL BROOKLYN ECONOMIC DEVELOPMENT CORP.							
444 THOMAS S. BOYLAND STREET 3RD FLOOR - SU	11-2981085	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(6) FUND FOR THE CITY OF NEW YORK							
121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
(7) JANNAHS HANDS							
495 FLATBUSH AVE #50 NEW YORK, NY 11225	84-4289169	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(8) LUTHERAN SOCIAL SERVICES OF METROPOLITAN NE							
27 PARK PLACE SUITE 400 NEW YORK, NY 10007	13-2658548	501(C)(3)	6,000.		FMV		STRATEGIC DISCRETION
(9) RESEARCH FOUNDATION OF CUNY							
230 W. 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(10) RESEARCH FOUNDATION OF CUNY							
230 W. 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(11) TIDES CENTER							
1012 TORNEY AVENUE	94-3213100	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
(12) TRANS EMPOWERMENT PROJECT							
PO BOX 11866 KNOXVILLE, TN 37939	81-5250758	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
2 Enter total number of section 501(c)(3) and of 3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruction	ed in the line	1 table					chedule I (Form 990) 2020

Department of the Treasury

Internal Revenue Service

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

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

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

► Attach to Form 990.

OMB No. 1545-0047

2020

Open to Public Inspection

Schedule I (Form 990) 2020

Name of the organization						Employer identificat	ion number
THE NEW YORK WOMEN'S FOUNDATION, 1	INC.					13-345728	37
Part I General Information on Grants and	d Assistanc	е				'	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RESEARCH FOUNDATION OF CUNY							
230 W. 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	15,000.				STRATEGIC DISCRETION
(2) AFRICAN AMERICAN POLICY FORUM							
435 W. 116TH STREET NEW YORK, NY 10027	06-1597874	501(C)(3)	30,000.				STRATEGIC DISCRETION
(3) BANK STREET COLLEGE OF EDUCATION							
610 WEST 112TH STREET NEW YORK, NY 10025	13-5562167	501(C)(3)	20,000.				STRATEGIC DISCRETION
(4) FUND FOR THE CITY OF NEW YORK							
121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	30,000.				STRATEGIC DISCRETION
(5) HOUSING PLUS SOLUTIONS INC.							
4 WEST 43RD STREET SECOND FLOOR	13-4200638	501(C)(3)	10,000.				STRATEGIC DISCRETION
(6) NEW HOUR FOR WOMEN AND CHILDREN LI INC							
1725 BRENTWOOD ROAD MAIN BUILDING 2	47-4718783	501(C)(3)	25,000.				STRATEGIC DISCRETION
(7) NORTH STAR FUND							
520 EIGHTH AVENUE SUITE 1800	13-2950801	501(C)(3)	25,000.				STRATEGIC DISCRETION
(8) JUSTLEADERSHIPUSA							
1900 LEXINGTON AVENUE NEW YORK, NY 10035	90-1019268	501(C)(3)	75,000.				THE CRIMINAL JUSTICE
(9) WOMEN'S COMMUNITY JUSTICE ASSOCIATION							
4 WEST 43RD STREET 2ND FL	82-5526819	501(C)(3)	300,000.				THE CRIMINAL JUSTICE
(10) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY							
615 WEST 131ST STREET 6TH FLOOR	13-5598093	501(C)(3)	35,000.				THE CRIMINAL JUSTICE
(11) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY							
615 WEST 131ST STREET 6TH FLOOR	13-5598093	501(C)(3)	20,000.				THE CRIMINAL JUSTICE
(12) A LITTLE PIECE OF LIGHT INC							
521 ST MARKS AVENUE 3B NEW YORK, NY 11238	83-1458976	501(C)(3)	30,000.				THE CRIMINAL JUSTICE
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tab	ole			
3 Enter total number of other organizations list	ted in the line	1 table	<u></u>	<u></u>	<u></u>	<u>. ▶</u>	

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

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

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

Name of the organization Employer identification number THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) ALLIANCE OF FAMILIES FOR JUSTICE 8 W. 126 ST. FL. 3 NEW YORK, NY 10027 82-1971330 501(C)(3) 75,000. THE CRIMINAL JUSTICE (2) GIRL VOW INC. 509 WILLIS AVE #4 NEW YORK, NY 10455 47-4062257 501(C)(3) 30,000. THE CRIMINAL JUSTICE (3) GOOD CALL NYC CO 7 MARCUS GARVEY BLVD OFFICE 445 82-1011857 501(C)(3) 35,000. THE CRIMINAL JUSTICE (4) JUSTICE FOR FAMILIES 1913 AZALEA ST. SULPHUR, LA 70663 45-2625169 501(C)(3) 50,000. THE CRIMINAL JUSTICE (5) KATAL CENTER FOR HEALTH EQUITY AND JUSTICE 147 PRINCE ST NEW YORK, NY 11201 81-1323278 501(C)(3) 75,000. THE CRIMINAL JUSTICE (6) LATINOJUSTICE PRLDEF 475 RIVERSIDE DRIVE SUITE 1901 13-2722664 501(C)(3) 50,000. THE CRIMINAL JUSTICE (7) MEKONG INC 2471 UNIVERSITY AVENUE NEW YORK, NY 10468 80-0834777 501(C)(3) 50,000. THE CRIMINAL JUSTICE (8) NEW YORK CITY GAY & LESBIAN ANTI-VIOLENCE P 116 NASSAU STREET 3RD FLOOR 13-3149200 501(C)(3) 50,000. THE CRIMINAL JUSTICE (9) PURELEGACEE INC. 2729 WEST 33RD STREET NEW YORK, NY 11224 501(C)(3) 30,000. THE CRIMINAL JUSTICE (10) SOUL SISTERS LEADERSHIP COLLECTIVE INC 1951 NW 7TH AVE #600 MIAMI, FL 33136 47-3108951 501(C)(3) 35,000. THE CRIMINAL JUSTICE (11) SYLVIA RIVERA LAW PROJECT INC 81-0640342 501(C)(3) 30,000. 147 W. 24TH STREET 5TH FLOOR THE CRIMINAL JUSTICE (12) THE BRONX DEFENDERS 360 EAST 161ST STREET NEW YORK, NY 10451 13-3931074 501(C)(3) 75,000. THE CRIMINAL JUSTICE 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

JSA

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Schedule I (Form 990) 2020

Employer identification number

THE NEW YORK WOMEN'S FOUNDATION,	INC.					13-34572	13-3457287	
Part I General Information on Grants and Assistance								
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand dures for mor	ce?	of grant funds in the	e United States.			X Yes No	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) THE LADIES OF HOPE MINISTRIES INC								
2023 CAESAR PLACE NEW YORK, NY 10473	83-2249413	501(C)(3)	30,000.				THE CRIMINAL JUSTICE	
(2) THEATRE OF THE OPPRESSED NYC								
758 8TH AVENUE SUITE 300 NEW YORK, NY 10036	45-4815944	501(C)(3)	30,000.				THE CRIMINAL JUSTICE	
(3) TRANSGENDER LAW CENTER								
PO BOX 70976 OAKLAND, CA 94612-0976	05-0544006	501(C)(3)	50,000.				THE CRIMINAL JUSTICE	
(4) VOICES OF COMMUNITY ACTIVISTS & LEADERS-VOC								
80A FOURTH AVENUE NEW YORK, NY 11217	13-4094385	501(C)(3)	50,000.				THE CRIMINAL JUSTICE	
(5) YOUTH REPRESENT								
11 PARK PLACE SUITE 1512 NEW YORK, NY 10007	20-8034010	501(C)(3)	30,000.				THE CRIMINAL JUSTICE	
(6) FUND FOR THE CITY OF NEW YORK								
121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	35,000.				THE CRIMINAL JUSTICE	
(7) BLACK WOMEN'S BLUEPRINT								
279 EMPIRE BOULEVARD NEW YORK, NY 11225	27-1308862	501(C)(3)	80,000.				THE FUND FOR THE ME	
(8) ME TOO. INTERNATIONAL INC.								
375 HIGHLAND AVENUE NE UNIT 1007	83-4447513	501(C)(3)	500,000.				THE FUND FOR THE ME	
(9) THE WOMEN'S FOUNDATION OF CALIFORNIA								
300 FRANK H. OGAWA PLAZA SUITE 420	94-2752421	501(C)(3)	25,000.				THE FUND FOR THE ME	
(10) THE WOMEN'S FOUNDATION OF CALIFORNIA								
300 FRANK H. OGAWA PLAZA SUITE 420	94-2752421	501(C)(3)	120,000.				THE FUND FOR THE ME	
(11) VIOLENCE INTERVENTION PROGRAM								
PO BOX 1161 - TRI-BOROUGH STATION	13-3540337	501(C)(3)	100,000.				THE FUND FOR THE ME	
(12) WASHINGTON AREA WOMEN'S FOUNDATION								
1331 H STREET NW SUITE 1000	52-2028612	501(C)(3)	25,000.				THE FUND FOR THE ME	
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	•	•						

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2020

Open to Public Inspection

Schedule I (Form 990) 2020

Employer identification number

THE NEW YORK WOMEN'S FOUNDATION,	INC.					13-34572	37
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to set the selection criteria used to award the grant Describe in Part IV the organization's process. 	ts or assistand dures for mor	ce?	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to		•					'es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WASHINGTON AREA WOMEN'S FOUNDATION							
1331 H STREET NW SUITE 1000	52-2028612	501(C)(3)	105,000.				THE FUND FOR THE ME
(2) WASHINGTON AREA WOMEN'S FOUNDATION							
1331 H STREET NW SUITE 1000	52-2028612	501(C)(3)	20,000.				THE FUND FOR THE ME
(3) WOMEN'S FOUNDATION FOR A GREATER MEMPHIS							
40 S. MAIN ST. STE. 2280 MEMPHIS, TN 38103	58-2207247	501(C)(3)	25,000.				THE FUND FOR THE ME
(4) WOMEN'S FOUNDATION OF MINNESOTA							
105 FIFTH AVENUE S SUITE 300	41-1635761	501(C)(3)	75,000.				THE FUND FOR THE ME
(5) WOMEN'S FOUNDATION OF MINNESOTA							
105 FIFTH AVENUE S SUITE 300	41-1635761	501(C)(3)	25,000.				THE FUND FOR THE ME
(6) WOMEN'S FUND OF WESTERN MASSACHUSETTS							
1350 MAIN STREET SUITE 1006	04-3342411	501(C)(3)	55,000.				THE FUND FOR THE ME
(7) FRACTURED ATLAS INC.							
228 PARK AVE SOUTH #56651	11-3451703	501(C)(3)	50,000.				THE FUND FOR THE ME
(8) BLACK WOMEN'S BLUEPRINT							
279 EMPIRE BOULEVARD NEW YORK, NY 11225	27-1308862	501(C)(3)	150,000.				THE NYC FUND FOR GIR
(9) CAAAV: ORGANIZING ASIAN COMMUNITIES							
55 HESTER STREET NEW YORK, NY 10002	13-3526938	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(10) HETRICK-MARTIN INSTITUTE							
2 ASTOR PLACE 3RD FLOOR NEW YORK, NY 10003	13-3104537	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(11) MASA-MEXED INC.							
2770 THIRD AVENUE 1ST FLOOR	11-3640210	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(12) MEKONG INC							
2471 UNIVERSITY AVENUE NEW YORK, NY 10468	80-0834777	501(C)(3)	100,000.				THE NYC FUND FOR GIR
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	•	•					

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2020

Open to Public Inspection

Schedule I (Form 990) 2020

Employer identification number

THE NEW YORK WOMEN'S FOUNDATION, I	INC.					13-34572	87
Part I General Information on Grants and	d Assistanc	е				<u>'</u>	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	ce?	of grant funds in the	e United States.			X Yes No
Part IV, line 21, for any recipient the		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW YORK CITY GAY & LESBIAN ANTI-VIOLENCE P							
116 NASSAU STREET 3RD FLOOR	13-3149200	501(C)(3)	150,000.				THE NYC FUND FOR GIR
(2) NEW YORK STATE YOUTH LEADERSHIP COUNCIL							
168 CANAL STREET FL 6 NEW YORK, NY 10013	26-3599242	501(C)(3)	120,000.				THE NYC FUND FOR GIR
(3) RESTAURANT OPPORTUNITIES CENTER OF NEW YORK							
275 SEVENTH AVENUE SUITE 1703	01-0939141	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(4) SAKHI FOR SOUTH ASIAN WOMEN							
P.O. BOX 1333 CHURCH STREET STATION	13-3593806	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(5) STATEN ISLAND COMMUNITY JOB CENTER INC							
774 PORT RICHMOND AVE 2FL	47-2787706	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(6) TURNING POINT FOR WOMEN AND FAMILIES							
PO BOX 670086 NEW YORK, NY 11367	54-2177390	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(7) VIBE THEATER							
138 SOUTH OXFORD SUITE 4D	20-0482372	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(8) ASIAN AMERICAN LEGAL DEFENSE AND EDUCATION							
99 HUDSON STREET 12TH FLOOR	13-2855641	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(9) NEW YORK LIVE ARTS							
219 W 19TH STREET NEW YORK, NY 10011	13-6206608	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(10) AMERICAN INDIAN COMMUNITY HOUSE OF NEW YORK							
39 ELDRIDGE STREET 4TH FLOOR	23-7088777	501(C)(3)	50,000.				THE NYC FUND FOR GIR
(11) THE WOMANHOOD PROJECT							
3400 FORT INDEPENDENCE ST. STE 25	81-2556333	501(C)(3)	40,000.				THE NYC FUND FOR GIR
(12) UNITED WE DREAM NETWORK							
1201 16TH ST NW STE 714	46-2216565	501(C)(3)	30,000.				THE NYC FUND FOR GIR
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	•	•					

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

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.

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization						Employer identificati	on number
THE NEW YORK WOMEN'S FOUNDATION,	INC.					13-345728	7
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	e?	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient tl	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ASIAN AMERICAN LEGAL DEFENSE AND EDUCATION							
99 HUDSON STREET 12TH FLOOR	13-2855641	501(C)(3)	30,000.				THE NYC FUND FOR GI
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	government (sted in the line 1 tal	hle			193.
3 Enter total number of other organizations list	•	•					

Schedule I (Form 990) 2020

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

Page 2

Schedule I (Form 990) (2020)

art 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					
_2					
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

PROCEDURES FOR MONITORING THE USE OF GRANTS: NYWF GRANTEE PARTNERS SUBMIT

A MINIMUM OF TWO REPORTS: MID-YEAR AND END OF THE YEAR ON GRANT

PERFORMANCE. NYWF'S STAFF AND GRANT ADVISORY COMMITTEE CONDUCTS ANNUAL

SITE VISITS, IF POSSIBLE TO GRANTEE PARTNERS TO ASSESS PERFORMANCE ON

IDENTIFIED GOALS AND OBJECTIVES FOR THE GRANT PERIOD. IN ADDITION,

FOLLOW-UP PHONE CALLS AND CONVENINGS ARE HELD TO IDENTIFY LEARNING

OPPORTUNITIES AND SHARING OF BEST PRACTICES. BASED ON THESE REPORTS, SITE

VISITS, IF POSSIBLE AND TELEPHONE INTERACTION, NYWF IN CONJUNCTION WITH

GRANTEE PARTNERS DEVELOP CAPACITY BUILDING RESOURCES SUCH AS

Page 2

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
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.

ORGANIZATIONAL DEVELOPMENT, PROGRAM SUSTAINABILITY AND INNOVATION AND

ADVANCING GENDER AND RACIAL EQUITY. IN ADDITION, GRANTEE PARTNER

ORGANIZATIONS FUNDED UNDER INITIATIVES, FOR EXAMPLE: IGNITE!, CRIMINAL

JUSTICE, PARTNERSHIP FOR WOMEN'S PROSPERITY, SUBMIT ADDITIONAL REPORTS

AND NYWF CONDUCTS STAFF LEAD ASSESSMENTS, AS NECESSARY.

SCHEDULE J (Form 990)

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

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

13-3457287

Employer identification number

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account 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	1b					
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?	2					
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.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study X 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						
2	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х			
a b							
C	Participate in or receive payment from an equity-based compensation arrangement?	4b 4c		X			
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	and to any or miso has, not the persons and provide the approache amounts is easily non-mir art in-						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		Х			
	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:						
а	The organization?	6a		X			
b	Any related organization?	6b		Х			
	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			v			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х			
9	in Part III	0		21			
3	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANA OLIVEIRA	(i)	334,494.	0.	0.	10,000.	14,208.	358,702.	0.
1 PRESIDENT & CEO	(ii)	0.	0.	0.				
CAMILLE EMEAGWALI	(i)	226,669.	0.	0.	10,000.	1,007.	237,676.	0.
2 ^{SENIOR VP OF PROGRAMS}	(ii)	0.	0.	0.				
ANN MARIE ALMEIDA	(i)	173,868.	0.	0.	10,000.	10,514.	194,382.	0.
3 ^{VP} OF DEVELOPMENT(LEFT 9/2020)	(ii)	0.	0.	0.				
MADELINE HOLDER	(i)	186,377.	0.	0.	10,000.	13,943.	210,320.	0.
4 ^{VP} OF DEVELOPMENT	(ii)	0.	0.	0.				
ALEJANDRA NARANJO	(i)	182,335.	0.	0.	10,000.	20,675.	213,010.	0.
5 ^{VP} OF DEVELOPMENT	(ii)	0.	0.	0.	0 400	22.252	000 010	
LYNNA MARIA MERCADO 6 ^{VP, FINANCE & ADMIN}	(i)	170,837.	0.	0.	9,423.	22,950.	203,210.	0.
	(ii)	0.	0.	0.	10.000	00 411	107 003	0
KATHARINE LANDON 7VP, PROGRAMS & INSTITUTIONAL	(i)	167,392.	0.	0.	10,000.	20,411.	197,803.	0.
711, 1100101115 & 111011101101115	(ii)	0.	0.	0.				
_	(i)							
8	(ii)							
	(i) (ii)							
9	(i)							
40	(ii)							
_10	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)		_					
16	(ii)							

Schedule J (Form 990) 2020

Part | Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

THE NEW YORK WOMEN'S FOUNDATION, INC.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 13-3457287

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		10.	186,670.	SELLING P	RICE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(
	Number of Forms 8283 received		anization during the tax y	ear for contributions for				
	which the organization completed I		=		29			
	γ	,				Υ	'es	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the				- 1			
	to be used for exempt purposes for	-				30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use							
	contributions?	-		-		32a	Х	
b	If "Yes," describe in Part II.		· •					
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.		., ,, ,,	. ,				

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2**

Part II Supplement

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

SCHEDULE M, PART I, LINE 32B

THE BROKERS HIRED BY THE FOUNDATION SELL THE DONATED STOCKS UPON RECEIPT.

SCHEDULE M, PART I, LINE 9

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF SHARES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2020
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

gov/form990. Inspection
Employer identification number

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

13-3457287

FORM 990, PART I, LINE 1

THE NEW YORK WOMEN'S FOUNDATION CREATES AN EQUITABLE AND JUST FUTURE FOR WOMEN AND FAMILIES BY UNITING A CROSS-CULTURAL ALLIANCE THAT IGNITES ACTION AND INVESTS IN BOLD, COMMUNITY-LED SOLUTIONS ACROSS THE CITY.

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

THE FORM 990 IS RECEIVED FROM THE AUDITORS AND REVIEWED AND APPROVED BY

MANAGEMENT AND THE FULL BOARD BEFORE FILING.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY BOARD MEMBERS,

STAFF, VOLUNTEERS AND INTERNS. CONFLICTS OF INTEREST ARE REVIEWED

ANNUALLY AND UPDATED ON AN AS NEEDED BASIS.

FORM 990, PART VI, SECTION B, LINE 15A & B
IN DETERMINING COMPENSATION, THE PRESIDENT/CEO MEETS WITH THE DEPARTMENT
SENIOR MANAGER AND ADMINISTRATIVE MANAGER TO DETERMINE JOB TITLE AND
RESPONSIBILITY OF THE POSITION. THE ADMINISTRATIVE MANAGER RESEARCHES
SALARIES AMONGST OTHER SIMILAR ORGANIZATIONS AS WELL AS THROUGH SALARY
SURVEYS. THE DEPARTMENT SENIOR MANAGER AND PRESIDENT/CEO MAKE THE FINAL
DETERMINATION BASED ON THE SURVEYS AND JOB TITLE/RESPONSIBILITIES. THE
PRESIDENT/CEO'S COMPENSATION IS SET BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19
THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

INTEREST POLICY AVAILABLE TO THE PUBLIC. THE FOUNDATION MAKES ITS 990 AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE AND ALSO AVAILABLE THROUGH GUIDESTAR.

FORM 990, PART XI, LINE 9

LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$74,586 AND THE CHANGE IN VALUE OF

BENEFICIAL INTEREST OF \$48,802 TOTALLING \$(25,784).

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE NEW YORK WOMEN'S FOUNDATION IS A PLATFORM FOR WOMEN (CIS AND TRANS) AND NON-BINARY PEOPLE, AND A FORCE FOR CHANGE. THE FOUNDATION'S MISSION IS TO CREATE AN EQUITABLE AND JUST FUTURE FOR ALL WOMEN AND GIRLS. IT ACHIEVES THIS GOAL BY UNITING CROSS-CULTURAL AND COMMUNITY ALLIANCES THAT IGNITE ACTION. THE FOUNDATION INVESTS IN WOMEN-LED, INNOVATIVE, AND BOLD COMMUNITY-BASED SOLUTIONS THAT PROMOTE THE ECONOMIC SECURITY, SAFETY, AND HEALTH OF THE MOST OVERLOOKED WOMEN.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
C. NICOLE MASON 1951 BEECHAM COURT BOWIE, MD 20721	CONSULTING SVS	169,918.
CATALYST PUBLIC RELATIONS, LLC. IMG CENTER1360 EAST 9TH STREET SUITE 100 CLEVELAND, OH 44114-1782	PUBLIC RELATION CONS	355,308.
MCO DEVELOPMENT MANAGEMENT	CONSULTING SVS	108,000.

Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization
THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

C/O CARMEL OWEN, 1361 MADISON AVENUE NEW YORK, NY 10128

LISA KORWIN 5933 HARBORD DRIVE OAKLAND, CA 94611 PLANNING&EVALUATION

104,406.

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
OTHER CONSULTING FEES	1,600,313.	1,216,139.	45,235.	338,939.
TOTALS	1,600,313.	1,216,139.	45,235.	338,939.